



ACH ENROLLMENT AGREEMENT

Lessee Name: _____ Date: _____

Your lease payments are due on the _____ of each month. Your next lease payment is due on _____ (date).

Payment amount \$ _____ + CDW \$ _____ (if applicable) = Total Payment \$ _____.

By signing below, you authorize Orbit Leasing to initiate the following recurring preauthorized payments from your account. Payments will not begin until Orbit Leasing has received this signed authorization form. This agreement will remain in effect until you notify Orbit Leasing of its termination or until it has been terminated by Orbit Leasing due to repeated modifications or returned payments. The payment schedule you choose below will continue even if your total monthly payment has been paid in full (for instance, if you select weekly Friday payments, if there is a month with five Fridays, your payment will be debited five times).

Select One:

- Weekly** debit entries to your account each _____ (day of the week) in the amount of _____ (total payment divided by 4) starting on _____ (date).
- Bi-weekly** debit entries to your account every other _____ (day of the week) in the amount of _____ (total payment divided by 2) starting on _____ (date).
- Twice monthly** debit entries to your account on the _____ (date) and the _____ (date) of each month in the amount of _____ (total payment divided by 2) starting on _____ (date).
- Monthly** debit entries to your account on the _____ (date) of each month in the amount of _____ (total payment) starting on _____ (date).

PHONE NUMBER WHERE YOU CAN BE REACHED FOR CONFIRMATION: _____

****Total monthly payments must be completed within the month the payment is due (no later than the last day of any month).** The above dates will not be valid unless they meet this requirement. You may choose to pay more than your total monthly payment. You may not choose to pay less than your total monthly payment.

Admin Use Only

Orbit Account Number	Payment Start Date	Input in system by	Input Date

You hereby authorize Orbit Leasing to initiate debit entries to your account indicated below at the bank named below. You acknowledge that the origination of ACH transactions from your account must comply with the provisions of US law.

If you wish to terminate this agreement, you must notify Orbit Leasing in writing with at least one business day's notice.

If you have any questions regarding your payment or wish to revoke or modify a single ACH authorization, you may contact Orbit Leasing's office at 800-734-0170 between 8am EST and 6pm EST, Monday through Friday, and between 9am EST and 1pm EST on Saturday.

Account Information

BANK NAME: _____

ROUTING TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____ **CHECKING:** _____ **SAVINGS:** _____

ACCOUNT HOLDER NAME (Primary): _____

AUTHORIZED SIGNATURE (Primary): _____ **Date:** _____

ACCOUNT HOLDER NAME (Secondary): _____

AUTHORIZED SIGNATURE (Secondary): _____ **Date:** _____

RETURN THIS FORM TO:

ORBIT LEASING, INC.
P.O. BOX 9534
GRAND RAPIDS, MI 49509
payments@orbitleasing.com