

AUTHORIZATION TO CANCEL AGREEMENT FOR PRE-AUTHORIZED PAYMENTS (ACH RECURRING ENTRY DEBITS)

I (We) hereby authorize Orbit Leasing t	o cancel all recurring ACH payments from		
my (our) account number	(last four digits of checking/savings		
account) as of today's date/ I understand that this cancellation shall be effective no later than five (5) days from Orbit's receipt of this authorization. Any bank drafts submitted before the cancellation cannot be voided or deleted.			
Account Holder Name (Primary)	Account Holder Name (Secondary)		
Account Holder Signature	Account Holder Signature		
Date	Date		
Orbit Leasing Account Number	_		