



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

I (We) hereby authorize Orbit Leasing to 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

Orbit Leasing Account Number

Date