



ACH ENROLLMENT FORM

Lessee Name: _____ Date: _____

Co-Lessee Name: _____

My (our) payments are due on the ____ of each month. My (our) next payment is due ____/____/____.

I (we) authorize Orbit Leasing to initiate the following recurring preauthorized payments from my (our) account. I (we) understand these payments will not start until Orbit Leasing has received my (our) signed authorization form as well. These arrangements will remain in effect until Orbit Leasing has received notification from me (us) of its termination or until it has been terminated due to failure to comply with the program policies.

Select One:

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

PHONE NUMBER I (WE) CAN BE REACHED AT FOR ACH CONFIRMATION: _____

**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 monthly payment, you may not choose to pay less than your monthly payment.

Admin Use Only

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

I (We) hereby authorize Orbit Leasing to initiate debit entries to my (our) account indicated below at the depository named below. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until Orbit Leasing has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Orbit Leasing a reasonable opportunity to act on it.

Should you have any questions regarding your payment or wish to revoke or change a single ACH authorization, you may contact our office at 800-734-0170 during our normal business hours 8 am to 7 pm Monday & Wednesday, 8 am to 6 pm Tuesday, Thursday, and Friday, and 9 am to 1 pm Saturday.

Account Information

DEPOSITORY 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