

AUTOPAY AUTHORIZATION FORM
Business Accounts

This is New AutoPay Change

With this service you have the option of continuing to receive a monthly invoice.

Yes, please continue to send a monthly invoice No, I do not require a monthly invoice

SECTION 1: DELL FINANCIAL SERVICES INFORMATION

Please list the Lease or Loan account number(s) for the account(s) that you would like to authorize on the Autopay service:

Lease or Loan Number (exactly as it appears on your account):
 - -
 - -
 - -

Name on the Bank Account to be debited (must match name on the Lease/Loan): _____

Contact Name: _____ Fax #: _____

E-mail Address: _____ Phone: _____

SECTION 2: BANKING INFORMATION

The bank account must be a **commercial account**. If your business uses a non-commercial bank account or if the name on the account differs from that of the Lease/Loan, please contact Customer Service at [US DFS Customer Experience@dell.com](mailto:US_DFS_Customer_Experience@dell.com) or 877-577-3355.

Bank Name: _____

Bank Address: _____

Bank City: _____ Bank State: _____ Bank Zip: _____

Bank Phone Number: _____ Account Number: _____

ABA Routing #: Please confirm with your bank.

E-mail: _____ Please complete if you would like to receive an e-mail notification to confirm Autopay set-up.

SECTION 3: SIGNATURE

This Autopay service is established solely for your convenience and is offered at no additional cost to you. You authorize Dell Financial Services L.L.C., its agents and assigns (collectively "DFS"), to initiate debit entries in the bank account identified above for amounts due and owing under the Lease/Loan(s), including Rent, applicable taxes, shipping charges, and in case of a default, the full amount due under the Lease/Loan. You represent and warrant to DFS that the above account is a **commercial account established in connection with your business and not for personal, family, or household purposes**. You remain responsible for making payments to DFS if the funds cannot be automatically debited from your bank account. In addition, if funds are not available when a payment is due, you agree to pay DFS any late charges due under the Lease/Loan as well as any expenses incurred for every unsuccessful debit attempt. The transactions made pursuant to this authorization form are initiated through the Automated Clearing House of the Federal Reserve and may be governed by the rules of the Automated Clearing House. These services may be terminated or modified by DFS at any time without notice. **THIS AUTHORIZATION WILL REMAIN IN FULL FORCE AND EFFECT UNTIL YOU PROVIDE WRITTEN NOTICE OF ITS CANCELLATION TO DFS SO AS TO AFFORD DFS AND YOUR BANK A REASONABLE OPPORTUNITY TO ACT.**

Date _____

Customer Name _____

Signature of Authorized Representative _____

Printed Name and Title _____

SECTION 4: RETURN INSTRUCTIONS

If you received this AutoPay form with your new Lease or Loan contract, return this completed form, along with your other Lease or Loan documents, as instructed by your DFS Representative. OR, if you are requesting to set-up Autopay for an existing lease or loan, return this completed form to our Autopay Department at (512)-283-1854.

You should retain a copy of this form for your records.

If you have any questions, please contact Customer Service at [US DFS Customer Experience@dell.com](mailto:US_DFS_Customer_Experience@dell.com) or 877-577-3355.