



This is  New AutoPay Request  Change to Existing Information  Cancellation (Please Complete Sections 1 and 4)

**All fields are mandatory**

**Note:** AutoPay cannot be setup if your account is past due.

### SECTION 1: DELL BUSINESS CREDIT ACCOUNT INFORMATION

Name on Dell Business Credit Account: \_\_\_\_\_

(Note: Name on Dell Business Credit account must match with the 'Name on Bank Account' in Section 2)

19 Digit Dell Business Credit Account Number:

6	8	7	9	4	5	0	2											
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Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Note: In order to receive confirmation of autopay setup, please provide an email address)

### SECTION 2: BANKING INFORMATION (The bank account must be a commercial account)

Name on Bank Account: \_\_\_\_\_

Bank Routing Number\*: 

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Bank Account Number\*: 

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\* Please see the example below for the location of routing and account numbers on voided check. Note that routing numbers starting with 5 are not valid.

### SECTION 3: PAYMENT AMOUNT

Check the monthly payment amount you would like debited from your bank account each month

Minimum Payment Due

Specific Amount: \$ 

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Note 1: We will automatically deduct the 'Minimum Payment Due' on your statement even if the amount specified in 'Specific Amount' is less than the 'Minimum Payment Due'.

Note 2: To pay an amount greater than the 'Minimum Payment Due' or 'Specific Amount' you have selected above, please make your payment in advance of due date.

### SECTION 4: SIGNATURE (must be an authorized signer on bank account)

This AutoPay service is established solely for your convenience and is offered at no additional cost to you. You authorize Dell Financial Services, LLC to initiate debit entries in the bank account identified above for amounts due and owing under the Dell Business Credit agreement. 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 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 (ACH). These services may be cancelled 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.

PRINTED NAME \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return this completed form and copy of a voided check to our Autopay Department per the instructions below:

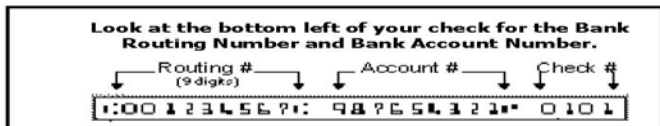
#### BY FAX (for faster activation)

Dell Business Credit AutoPay  
Customer Service  
Fax# 512-283-1854

or

#### BY MAIL

Dell Business Credit AutoPay  
P.O. Box 81577  
Austin, TX 78708-1577



Copy of a voided check must accompany this form