



This is New AutoPay Request Change to Existing Information Cancellation (Please Complete Sections 1 and 3)

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

All fields are mandatory

SECTION 1: DELL FINANCIAL SERVICES LEASE CONTRACT AND/OR LOAN ACCOUNT INFORMATION

Name on Dell Lease or Loan Account: _____

(Note: Name on Dell Lease or Loan Account must match with the 'Name on Bank Account' in Section 2)

Please list the 13 digit Lease Contract and/or Loan Account number(s) that you would like to authorize on the AutoPay service. For additional Lease Contracts and/or Loan Accounts, please use a separate sheet or another autopay form(s) and list all the Lease and/or Loan Account numbers

Grid for entering 13-digit Lease Contract and/or Loan Account numbers, with three rows of boxes separated by dashes.

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*: _____

Bank Account Number*: _____

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

SECTION 3: 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, 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 rental, 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. 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:

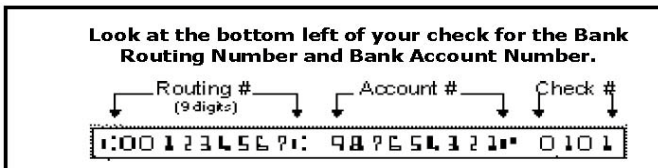
BY FAX (for faster activation)

Dell Financial Services AutoPay
Customer Service
Fax# 512-283-1854

or

BY MAIL

Dell Financial Services AutoPay
P.O. Box 81577
Austin, TX 78708-1577



Copy of a voided check must accompany this form