DELL Financial Services

AUTOPAY AUTHORIZATION FORM

Yes, I want to enroll in the Dell Preferred Account AutoPay Plan. Please read the Dell Preferred Account Authorization Agreement below carefully. If you would like to take advantage of this convenient way to make your payments, return this completed form and a voided check to Dell Financial Services. (A voided check MUST accompany this form.) Your name must appear on both the bank account as an authorization signer and on your Dell Preferred Account. If you have questions, contact Customer Service at 800-283-2210 or US_DFS_Customer_Experience@dell.com.

I authorize Dell Financial Services to initiate electronic debit entries from my bank account for my Dell Preferred Account monthly payments as indicated below from the date of this agreement. I understand that any past due amount or fees will be deducted from my account in addition to the payment amount specified below. I understand that if I decide to terminate this agreement, I must notify Dell Financial Services in writing at least 21 days before the next schedule debit. I understand that it is my responsibility to notify Dell Financial Services and that Dell Financial Services and/or my financial institution reserve the right to terminate this agreement.

This is a *(please check one):* ☐ New Auto Pay Request ☐ Change to existing information

SECTION 1: DELL PREFERRED ACCOUNT INFORMATION

Customer Name: Mr./Mrs./Ms. (circle)_____

Dell Preferred Account Number: **6 8 7 9 4 5 0 1** ☐☐☐☐☐☐☐☐☐☐☐☐☐

Email Address: _____ Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

SECTION 2: BANKING INFORMATION

Name on Account: Mr./Mrs./Ms. (circle)_____Account Type *(check one)*: ☐ Checking ☐ Savings

Bank Name: _____ Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Bank Routing Number: ☐☐☐☐☐☐☐☐☐ (See example below for location of numbers on voided check.)

Bank Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

SECTION 3: PAYMENT AMOUNT

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

☐ Minimum Payment Due

☐ Specific Amount: **$**☐☐☐.☐☐ (We will automatically deduct the Minimum Payment Due if it is more than the amount specified.)

To pay any additional amount, please send the payment as indicated on your monthly statement or contact DFS customer service.

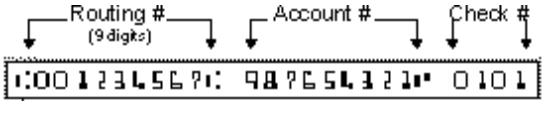
SECTION 4: SIGNATURE

Printed Name: _____ Signature:_____ Date: _____

BY MAIL:
(Mail form and voided check to)
Dell Preferred Account Auto Pay
P.O. BOX 81577
Austin, TX 78708-1577

BY FAX:
(Fax form and copy of voided check to)
Dell Preferred Account Auto Pay
Customer Service
(512) 283-1854

PLEASE INCLUDE A VOIDED BANK CHECK (A photocopy is acceptable)

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

Look at the bottom left of your check for the Bank Routing Number and Bank Account Number.