

**AUTOPAY AUTHORIZATION FORM [405]**  
**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 ACCOUNT INFORMATION**

Please list the Lease or Loan account number(s) for the accounts (s) that you would like to place 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 of the Lessee on the Lease): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**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 Lessee, please contact Customer Service at <http://dfs.us.dell.com/Service/> or 877-577-3355.

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_ Bank Zip: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

ABA Routing #:          Account Number: \_\_\_\_\_

Please confirm with your bank.

**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.P., its agents and assigns (collectively "DFS"), to initiate debit entries in the bank account identified above for amounts due and owing under the Lease(s), including Rent, applicable taxes, shipping charges, and in case of a default, the full amount due under the Lease. 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 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 TERMINATION TO DFS SO AS TO AFFORD DFS AND YOUR BANK A REASONABLE OPPORTUNITY TO ACT.**

Dated: \_\_\_\_\_

Customer Name \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

**SECTION 4: RETURN INSTRUCTIONS**

If you received this AutoPay form with your new Lease contract, return this completed form, along with your other Lease documents, as instructed by your DFS Leasing Representative.

OR, if you are requesting AutoPay for an existing lease, fax 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 <http://dfs.us.dell.com/Service/> or 877-577-3355. Autopay Form business accts -v.61803 FINAL.doc