

Vern Eide Leasing
PO Box 91010; Sioux Falls, SD 57109
Authorization of Automatic Payment Withdrawal

Customer Information

Name: _____
Address: _____
City/State/Zip: _____

Ver Eide Lease Number: _____

Instructions:

1. Please read and complete all sections below.
2. Sign and date in Authorization section.
3. Return completed form by one of the following methods.

Mail: Vern Eide Leasing
PO Box 91010; Sioux Falls, SD
57109

Fax: 605-444-6759

Email: leasing@verneide.com

Take Payment from the Following Deposit Account

Financial Institution Name: _____
Address of Financial Institution: _____
Deposit Account Number: _____ Account Type: Checking*: _____
Routing/Transit Number: _____ Savings: _____
*If checking, please attach voided check
Name as it appears on your deposit account: _____

Payment Dates and Amount

Start Date of First Payment: _____
I would like the electronic funds to occur on one of the following (please check one option): on the
5th: 10th: 15th: 20th: 25th: 30th: of each month.
*If the day of the month falls on a weekend or holiday, funds will be withdrawn the following business day.

Payment Dates and Amount

By signing below, I authorize Vern Eide Leasing, its successors and/or assignees, to debit my account via electronic fund transfers, for monthly payments associated with my account.

If I wish to revoke my authorization to debit my account, I must notify Vern Eide Leasing at least **five business days** in advance of the next scheduled payment. If I notify Vern Eide Leasing less the five business days before my next scheduled debit, I understand that the monthly payment will still occur. Please notify Vern Eide Leasing by calling 605-444-6693 or provide written notice to PO box 91010; Sioux Falls, SD 57109.

In the event that a transaction is erroneously processed, I authorize Vern Eide Leasing to debit or credit my account to correct that transaction.

Signature: _____ Date: _____

Signature: _____ Date: _____