

**ACH AUTHORIZATION FORM FOR AUTOMATIC PAYMENTS**

CONTRACT NO. 40000000

The undersigned customer ("Customer") hereby authorizes CAN Capital Asset Servicing, Inc. ("CCAS") and or its assigns to initiate debit entries to the undersigned's checking or savings account indicated below for the monthly payment due CCAS under the above-referenced Contract and, in addition, any other amounts due CCAS under the Agreement, including but not limited to documentation fees, taxes, late charges and any charges, costs or fees incurred by CCAS in obtaining insurance to cover the equipment which is the subject of the Agreement. The undersigned further authorizes the depository named below to charge the indicated account(s). This document must be executed by an authorized signer on the Customer's checking account.

- Checking Account
- Savings Account

Account Name: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_

**\*A VOIDED CHECK MAY BE PROVIDED INSTEAD OF COMPLETING THE INFORMATION ABOVE.**

In the event funds are not available in the bank account(s) note above on the day payment is due, it is the Customer's responsibility to remit a check to CCAS within the grace period in order to avoid the assessment of a late payment charge.

This authority shall remain in full force and effect until CCAS shall have received 30-day written notice of termination.  
**An electronic version of this Authorization shall be deemed an original.**

AUTHORIZED BY:

\_\_\_\_\_

Date: