PRE-AUTHORIZED DEBIT FORM

Please complete the Pre-Authorized Debit Form below and retain a copy for your records.
If you are using a checking account for Pre-Authorized Debits, you must include a voided check from that account. If you are using a savings account, you must enclose a savings deposit ticket, which includes your account number.

Automatic Debit Authorization

I hereby authorize Discount-Equipment.com, LLC and its successors to initiate electronic debit entries on my checking or savings account indicated below. I also authorize the financial institution ("BANK") named below to debit these entries from my account. This authority shall remain in effect until Discount-Equipment.com, LLC and BANK have received notification of its termination. This notification must be received by Discount-Equipment.com, LLC and BANK within 4 business days of the effective termination date, allowing a reasonable amount of time for processing.

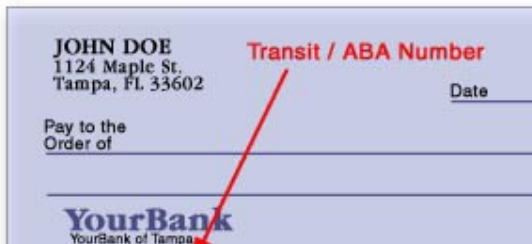Bank Account Holder Name: _____

Bank Name: _____

City/State: _____

Bank Phone Number: _____

Bank Account Type: ☐ Checking Account   ☐ Savings Account

Recurrence: ☐ One Time ☐ Quarterly ☐ Monthly ☐ Weekly

Debit amount: _____   Date to Debit: _____

TRANSIT ROUTING NUMBER / ABA   BANK ACCOUNT NUMBER

☐☐☐☐☐☐☐☐☐   ☐☐☐☐☐☐☐☐☐☐☐☐

I understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the banking date prior.

This authorization is to remain in full force and effect until `Discount-equipment.com, LLC` has received written notification from me of its termination in such a time and manner as to afford `Discount-Equipment.com, LLC` and BANK a reasonable time to act upon it.

_____
Bank Account Holder Name

_____ _____
Bank Account Holder Signature   Date

Please attach a voided check or financial institution account verification document to this form.