AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

MONTHLY _____ SEMI-MONTHLY _____ BI-WEEKLY _____

I (we) hereby authorize <u>SpeedyLease LLC</u>, hereinafter call Company to initiate (debit) entries to my (our) Checking Account indicated below at the depository named below, hereinafter called Depository, to (debit) the same to such account.

Account Number:	Customer:	
***** ***** **** ***** ***** ** ****	Date:	
Attach Voided Che	\$0.00 ECK Here Type of Account :Checking Savings	
9 Digit Bank Routing Number	Bank Account Number Bank Name	

I, the Customer as indicated above hereby authorize SpeedyLease LLC. to debit my account as set forth herein. I understand that I will be charged a \$25.00 fee for each occurrence where the funds for my payment are not available on the scheduled date of payment. Further I understand that, should any check payment be returned unpaid, the account indicated above is subject to disconnection or suspension. Automated Check Debit payment is an extra service provided by SpeedyLease LLC. and may be withdrawn at any time. This authorization will remain in effect until I provide thirty (30) days written notice, or until withdrawn by SpeedyLease LLC.

Signature	Date	
Signature	Date	
For Office Use Only	Mail Form To:	Contact Us:
ACH Start Date:	SpeedyLease LLC. 3050 Post Oak Blvd. Suite 550 Houston, TX 77056	Phone 713-396-5284 x 102 or Send completed form by Fax or Email
Coincides with Contract Payment Schedule	FAX 713 396 5273	Email: Sales@SpeedyLeaseLLC.com

Revised 11/3/2014