

ACCOUNT NUMBER							

LEASE AUTHORIZATION NUMBER							

**METHOD OF PAYMENT Attachment to the TimePayment Corp. Non Cancellable Commercial Equipment Lease Agreement (“the Agreement”)**

**Automatic Payment Authorization.** By signing below, I, as Lessee or Lessee’s representative, have chosen to make all payments owed by Lessee under the Agreement by the method selected below and authorize my Bank or credit card company shown below to: **A) debit my checking account if I have selected EFT Direct Payment – Option A; or B) charge my credit card if I have selected Option B,** to pay TimePayment Corp., or its assignee on the payment due date, the Total Monthly Payment owed by Lessee each month under the Agreement (which amount may vary per the Agreement), together with any other amounts Lessee owes including past due amounts or default charges. I agree that if a Total Monthly Payment or other amount can not be collected for any reason when due, that continued attempts may be made to debit or charge the designated account for the amount owed until payment in full has been received. I agree to maintain a deposit or credit balance in the designated account sufficient to make all Total Monthly Payments when due and also to pay for any other amounts owed under the Agreement, including past due amounts and default charges, if any. I understand that the Automatic Payment Method selected by me will remain in effect until cancelled by you or me. If the Automatic Payment Method is cancelled, Lessee will be charged a statement fee per the Agreement.

**Complete and Sign A or B.**

**Option A: EFT Direct Payment – ATTACH COPY OF VOIDED CHECK**

Name of Bank or Financial Institution: \_\_\_\_\_

Name on Checking Account: \_\_\_\_\_

Routing # (the first series of numbers that appear on the lower left hand side of your Check): \_\_\_\_\_

Checking Account # (this is typically on the lower right hand side of your check and on your checking account statement): \_\_\_\_\_

Customer Signature \_\_\_\_\_

Customer Signature \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

**Option B: Credit Card – Direct charge to your Credit Card**

Circle one:    VISA            MasterCard            AMEX            Discover

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it appears on the Card \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Notice:** If I prefer to pay by check, I understand that I may make arrangement to do so by contacting you and that a statement fee will be added to the Total Monthly Payment as per the Agreement. Call *TimePayment Corp.: 877-868-3800*

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