

**ORBIT LEASING
AUTHORIZATION AGREEMENT FOR
RECURRING PREAUTHORIZED PAYMENTS**

LESSEE: _____ CO-LESSEE: _____

ACCOUNT #: _____

I (We) hereby authorize Orbit Leasing to initiate debit entries to my (our) account indicated below at the depository named below. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until Orbit Leasing has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Orbit Leasing a reasonable opportunity to act on it.

ACCOUNT INFORMATION

DEPOSITORY NAME: _____

ROUTING TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____ CHECKING: _____ SAVINGS: _____

ACCOUNT HOLDER NAME (Primary): _____

AUTHORIZED SIGNATURE (Primary): _____ Date: _____

ACCOUNT HOLDER NAME (Secondary): _____

AUTHORIZED SIGNATURE (Secondary): _____ Date: _____

RETURN THIS FORM TO:

ORBIT LEASING, INC.
P.O. BOX 9534
GRAND RAPIDS, MI 49509