

# Authorization for Recurring Automatic Payment Plan

Lease Number: \_\_\_\_\_ Schedule Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
(Customer Name)

hereby authorizes **NEC FINANCIAL SERVICES, LLC**  
(Company Name)

hereafter called **COMPANY** to initiate debit entries to our checking account indicated below at the depository named below, hereinafter called **DEPOSITORY**, and authorizes the **DEPOSITORY** to debit the same to such account for amounts due **COMPANY** pursuant to the terms of the Agreement(s) dated \_\_\_\_\_ between **COMPANY** and

\_\_\_\_\_  
(Customer Name)

Depository Name		Branch
City	State	Zip
Routing Number		Account Number

This authorization is to remain in full force and effect until **COMPANY** has received written notification from us of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it. We understand that if the debit is returned for insufficient funds, a debit will be reinitiated until sufficient funds are available and we will be charged a fee of \$35 each time that the debit is returned.

We agree that a facsimile copy of this agreement bearing signatures may be treated as an original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
By (Authorized Signature for Bank Account)

\_\_\_\_\_  
Title

**IMPORTANT: Include a voided check for verification of your checking account number.**

Mail it along with this form to: NEC Financial Services, LLC  
ACH Department  
1 Park 80 Plaza West 3rd Fl  
Saddle Brook, NJ 07663-5806  
Phone: 800-451-5361 • Fax: 866-422-7549