



**Automatic Payment (ACH)  
Authorization Form**

Complete and sign this form, then return to the address or fax number below. If you change banks, you must submit a new Application for ACH to authorize the automated debit from the new account. Please Place an "X" in one of the boxes below.

New ACH Authorization Form       Request to Change Current ACH Authorization

**Borrowers Information:**

NAME: \_\_\_\_\_ Lease ID: \_\_\_\_\_

Address: \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ Mo \_\_\_ Bi \_\_\_ Semi \_\_\_

To Begin: \_\_\_\_\_

**Financial Institution Information:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Transit Routing (ABA) Number: \_\_\_\_\_ (always 9 Digits)

Account Number: \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_\_\_

I hereby Authorize Automotive Leasing Specialists Inc. to initiate debit entries to my account indicated above and authorize the depository to debit the same to such account. By signing below I represent and warrant that I am legally authorized to access fund from the account specified.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice:** A 24 hour notice is required to stop a draft. There is a \$25 NSF fee for drafts that are returned. Please attach a **VOIDED CHECK** so we can confirm your account and routing information.

Mailing Address: **AMB**  
**P.O. Box 60637**  
**Lafayette, La 70506**

**FAX Number: (337)205-8565**