

AUTHORIZATION FOR DIRECT PAYMENTS
(ACH Debits)

Company Name: _____ Contract #: _____

I (we) hereby authorize Radiance Capital LLC, herein called COMPANY, to automatically withdraw from my (our)

Please select one: Checking Account Savings Account

indicated below any and all sums due in connection with the lease identified above. The undersigned authorized above. The undersigned authorizes the debit of regular monthly payments as well as debit entries for charges where the amount and timeframe varies, including, but not limited to insurance, tax, NSF and late fee payments. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Account Name: _____

Bank Name: _____ Branch: _____

City: _____ State: _____

Routing Number: _____ Account #: _____

This authorization is to remain in full force and effect until Company has received written notification 7 (seven) business days before the due date.
A FACSIMILE OF THIS AGREEMENT WITH SIGNATURE SHALL BE CONSIDERED AN ORIGINAL.

****PLEASE ATTACH A VOIDED COPY OF CHECK****

By: _____

Title: _____

Date: _____

This form must be completed, signed and returned to Radiance Capital LLC 10 days prior to the due date of your first ACH payment.

For Office Use Only		Customer Account #:		Total Liability: \$
1 st Payment Date	Last Payment Date	1 st Payment Amount	Monthly Payment Amount	Last Payment Amount

Radiance Capital LLC

1310 Madrid Street, Suite 103

Marshall, MN 56258

Customer Service: 866-702-6209

Fax: 800-305-6362 Attn: Kim