



AUTOPAY AUTHORIZATION FORM

This is New AutoPay Request Change to Existing Information Cancellation (Please Complete Sections 1 and 4)

All fields are mandatory

Note: Auto Pay cannot be setup if your account is past due.

SECTION 1: DELL PREFERRED ACCOUNT INFORMATION

Name on Dell Preferred Account: _____

(Note: Name on Dell Preferred Account must match with the 'Name on Bank Account' in Section 2)

19 Digit Dell Preferred Account Number:

6	8	7	9	4	5	0	1											
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Email Address: _____ Phone: _____

(Note: In order to receive confirmation of autopay setup, please provide an email address)

SECTION 2: BANKING INFORMATION

Name on Bank Account: _____ Account Type (check one): Checking Savings

Bank Routing Number*:

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Bank Account Number*:

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* Please see the example below for the location of routing and account numbers on voided check. Note that routing numbers starting with 5 are not valid

SECTION 3: PAYMENT AMOUNT

Check the monthly payment amount you would like debited from your bank account each month

Minimum Payment Due

Specific Amount: \$

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Note 1: We will automatically deduct the 'Minimum Payment Due' on your statement even if the amount specified in 'Specific Amount' is less than the 'Minimum Payment Due'.

Note 2: To pay an amount greater than the 'Minimum Payment Due' or 'Specific Amount' you have selected above, please make your payment in advance of the due date.

SECTION 4: SIGNATURE

I authorize Dell Financial Services to initiate electronic debit entries from my bank account for my Dell Preferred Account monthly payments as indicated above from the date of this agreement. After the autopay is setup, I understand that any past due amount or fees will be deducted from my account in addition to the payment amount specified above. I understand that if I decide to cancel this agreement, I must notify Dell Financial Services in writing at least 21 days before the next scheduled debit. I understand that it is my responsibility to notify Dell Financial Services and that Dell Financial Services and /or my financial institution reserve the right to terminate this agreement.

PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

Please return this completed form and copy of a voided check to our Autopay Department per the instructions below:

BY FAX (for faster activation)

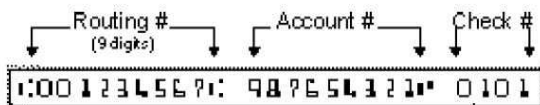
Dell Preferred Account AutoPay
Customer Service
Fax# 512-283-1854

or

BY MAIL

Dell Preferred Account AutoPay
P.O. Box 81577
Austin, TX 78708-1577

Look at the bottom left of your check for the Bank Routing Number and Bank Account Number.



Copy of a voided check must accompany this form