



AUTO-PAY Authorization Agreement

COMPLETE IF YOU WISH TO HAVE ALL PAYMENTS AUTOMATICALLY DEDUCTED FROM YOUR BANK ACCOUNT.

GET SET UP IN THREE EASY STEPS!



Complete Form Below



Attach Copy of Voided Check



Submit via Email or Fax



e: customerservice@gogc.com
f: (320) 762-8402

Company Name _____ **Agreement #** _____

I (we) hereby authorize Geneva Capital LLC, Owner, to initiate, on the date my (our) payment is due, debit entries & to initiate, if necessary, credit entries & adjustments for any debit in error to my (our) account indicated below & the bank named below.

Bank Name _____

Account Type (Choose one) **Checking** **Savings**

Routing # _____ **Account #** _____
(9 digit, lower left of check)

The authority is to remain in full force and effect until Owner has received written notification from me (us) of its termination in such time and in such manner as to afford Owner and the bank a reasonable opportunity to act on it. We understand that our withdrawal of this authority without the express written consent of Owner shall constitute a default of the Agreement for which this authorization is being made.

Authorized Signature  **Date** _____

Print Name _____

If transmitted electronically, via facsimile, email or similar means you agree that we may treat electronic record or a paper copy of the output received from electronic transmission as an original of this written Agreement.



Geneva Capital LLC
Your equipment finance *solution.*