

ACH Debit Authorization Agreement



Date: _____

Contract Number: _____

Customer Name: _____

AUTHORIZATION AGREEMENT - FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)		
COMPANY NAME GEHL FINANCE , a division of Gehl Company		COMPANY ID NUMBER 39-0300430
The party(ies) named below, hereinafter individually or collectively "Party," hereby authorize GEHL FINANCE, hereinafter called COMPANY, to initiate debit entries to the checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.		
DEPOSITORY NAME	BRANCH	TRANSIT/ABA NUMBER
CITY, STATE, ZIP		ACCOUNT NUMBER
This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from the Party of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The Party has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, the Party has the right to have the amount of an erroneous debit immediately credited to its account by DEPOSITORY, provided the Party sends written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.		
INDIVIDUAL OR BUSINESS NAME (please print)		INDIVIDUAL OR BUSINESS NAME IF JOINT ACCOUNT (please print)
IDENTIFICATION NUMBER (Tax ID Number or SSN):		IDENTIFICATION NUMBER (Tax ID Number or SSN) FOR JOINT ACCOUNT HOLDER:
By: (signature)		By: (signature)
Print Name:		Print Name:
Title:		Title:

NOTE:

Please return the following information to Gehl Finance:

- Completed and signed ACH Debit Authorization Agreement
- Check marked "VOID" from the above referenced account
- Signed Gehl Finance Installment Sale Contract, if not already sent