Recurring Payments

Customer's Name:	Phone #:
Customer's Address:	
ACH Payments direct withdrawal from a checking/savings account By signing below, you authorize O1A Leasing, Inc. to make debit entries in the form of ACH transfers in accordance with the Payment Schedule. You acknowledge that the origination of ACH transactions to your account must comply with the provisions of U.S. Law and the Rules of the National Automated Clearing House	Recurring Card Payments tied to a debit or credit card number By signing below, you authorize O1A Leasing, Inc. to automatically charge the debit or credit card provided in accordance with the Payment Schedule. All cards are automatically charged at roughly 5:00am EST. Should the funds not be available, your card will be declined. O1A Leasing may not contact you if your card is declined; it is
Association. Your payment will be made automatically from your designated account. If your due date falls on a weekend or holiday, your payment will be deducted on the first business day after your payment due date. A \$25 fee will be charged to your O1A Leasing account if there is a bounced ACH, and multiple bounced payments may result in your ACH privileges being revoked.	the customer's responsibility to monitor their account. If the card is canceled and a new one is issued (even if it uses the same card number), we must be notified in order to ensure the card does not decline. Yes, I want to sign up for recurring credit card payments!
Yes, I want to sign up for ACH payments!	Cust Initial:
Cust Initial:	ONE CARD
ACH PICK ONE CARD	
Account Type: ☐ Checking ☐ Savings	Name on Card:
Name on Account:	Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ AMEX
Bank Name:	Card Number:
Routing #:	Card Expiration: /
ACCOUNT #	
Payment Schedule: One-Time Recurring Amount: Beginning Date: Other	
You acknowledge that you received a copy of this authorization when you signed it. You may cancel this authorization by sending written notice to O1A Leasing, Inc. or by completing a new copy of this form. O1A Leasing, Inc. must be notified of revoked authorization at least 5 days prior to the payment due date or payoff of the contract.	
Customer Signature	 Date



6064 Gull Rd Kalamazoo, MI 49048 Ph: (269) 488-0701 Fax: (269) 299-2090

Rev: 08/2025