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**ELECTRONIC BANKING AUTHORIZATION**

I authorize SCV Leasing, Inc. (originator) and Payment Service Network (originating depository financial institution) as listed below to initiate electronic entries to my account.

I accept full responsibility for the accuracy of the information given below to SCV Leasing, Inc.

This authority will remain in effect until I have cancelled this agreement in writing.

I, the undersigned, take full responsibility for the account listed below on a monthly basis and reporting any discrepancies to SCV Leasing, Inc.

I, the undersigned, understand it is my responsibility to contact SCV Leasing, Inc. immediately if I fail to receive my monthly disbursement in the account listed below.

Owner name: \_\_\_\_\_

Financial institution: \_\_\_\_\_

Type of account:  Checking  Savings

Full name on account (print): \_\_\_\_\_

Account number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please include a voided check or copy of a check; deposit slips are NOT accepted. Thank you.**