

**Authorization Agreement for Direct Payments  
(ACH Debits)**

BORROWER'S NAME \_\_\_\_\_

LOAN NUMBER \_\_\_\_\_

I (we) hereby authorize Cessna Finance Corporation, hereinafter called COMPANY, to initiate debit entries to my (our) \_\_\_\_\_

Checking Account

Savings Account

*(select one)*

Indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the monthly payment amount provided for in the Promissory Note or Lease to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME (BANK NAME) \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**\*BANK ACCOUNT NAME** \_\_\_\_\_

TRANSIT / ABA NO. \_\_\_\_\_

BANK ACCOUNT NO. \_\_\_\_\_

Please return a voided check (for checking account) or a deposit slip (for savings account) with this form to ensure accurate processing.

**\*Please note that the name on the bank account from which the payments are to be made must match the name on the account with Cessna Finance Corporation.**

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable time to act on it. I (we) recognize that I (we) must notify COMPANY of any changes in bank or account to ensure proper and timely withdrawals from my (our) account in order to avoid late fees and other charges.

**IMPORTANT:** Final payment may vary in amount and will not be processed using ACH Direct Payments. I (we) am required to contact Cessna Finance Corporation to determine the payoff balance and arrange for final payment.

SIGNATURE \_\_\_\_\_

Signature of Account Holder

DATE \_\_\_\_\_