

# Authorization Form

**Lokey Rentals & Sales, LLC**

PO Box 330707  
 Murfreesboro, TN 37133  
 Phone Number: 615-893-8850  
 Fax Number: 866-508-9899  
 www.lokeyrentals.com

**Today's Date:** \_\_\_\_\_

<b>Customer Information</b>	
Customer Name:	Driver's License #:
Name on Account/Card:	Social Security Number:
Home Address:	Home Phone:
City, State Zip:	Work Phone:

<b>Financial Institution <i>Circle One</i> ( Bank - S&amp;L - Credit Union )</b> or <b>Card Type <i>Circle One</i> (Visa - Mastercard - Discover )</b>	<b>Account type</b> <i>Check One</i>
Name of Institution:	<input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings
Account# or Card#:	<input type="checkbox"/> Business Checking <input type="checkbox"/> Credit/Debit Card
Bank Routing Number : _____ :	Exp Date if Credit Card: _____

<b>Payment Information</b>
Please debit ongoing payments of \$ _____ from my checking/savings account or credit card on the _____ day of each month ( <i>1st through 10th only</i> ) until this contract has been terminated or paid out .
First Payment Date _____

<b>AUTHORIZATION</b>
I authorize the electronic debit or debits to my account as outlined in the above form. I understand and agree that the electronic debit will continue until the total amount due plus any return fees are collected or until I revoke this authorization. This authorization is also applicable to any new account information, payment amounts, and/or payment dates provided by me at some future time for the purpose of completing my account.
<b>CHANGE OF INFORMATION:</b> I agree to notify verbally to 615-893-8850 or in writing to the above address fifteen (15) or more days prior to any change to the account and/or closing of the account shown above and/or any change or situation that may affect debiting the payment.
<b>RETURNS:</b> I authorize the state authorized fee or returned item fee in the amount of \$25.00 to be debited from my account if a debit is returned unless the returned item was the result of an error by the processor.
<b>CANCELLATION:</b> Upon payment in full, I understand that I may cancel the electronic debit authorization by providing written notice to the address above fifteen (15) or more days prior to the last payment due date.
Signature _____ Date _____