



### ACH Debit Enrollment/Change Application

**This ACH form is for charges billed by Optos Inc only. Any payments charged by your leasing company need to be paid directly to your leasing company. You can call your leasing company if you wish to set up ACH debit with them as well.**

\_\_\_\_\_ ("Bank") is authorized to pay and debit to the account of the undersigned all payments drawn by or on behalf of Optos, Inc. The undersigned agrees that the Bank and not the Lessor will be liable for any loss or damage incurred as a result of anything done or not done pursuant to this authorization. If the account is transferred to another branch or the account is closed and an account is opened at another bank, this authorization shall have the same force and effect as if it had originally been directed to that branch or bank, as the case may be. This authorization is given in accordance with the terms of a lease and/or leases with or other obligations to make payments on all invoices/balances up to \$5000.00 to Optos, Inc.

Funds are deducted on the 25<sup>th</sup> of every month. In the event the 25<sup>th</sup> day of the month occurs on a non-business day or legal holiday; the transaction shall be posted on the first business day after the 25<sup>th</sup> day of the month.

**\*\*\*\*Any changes in account information need to be received on or before the 15<sup>th</sup> of the month for changes to be effective prior to funds being deducted, changes need to be completed with this form and submitted to [LOIApprovals@optos.com](mailto:LOIApprovals@optos.com) or fax 508-597-8361**

**\*\*\*\*If you have no payment activity for 18 months, Optos will permanently remove all banking information from our records\*\*\*\***

**\*\*\*\*Please note that invoices are still mailed out every month for your records. Please don't mail in payments for invoices received once the account is on auto pay. This will result in duplicate payments being received. Duplicate payments will be applied to future invoices.**

Cust Name: \_\_\_\_\_ Acct Number: \_\_\_\_\_

Address: \_\_\_\_\_

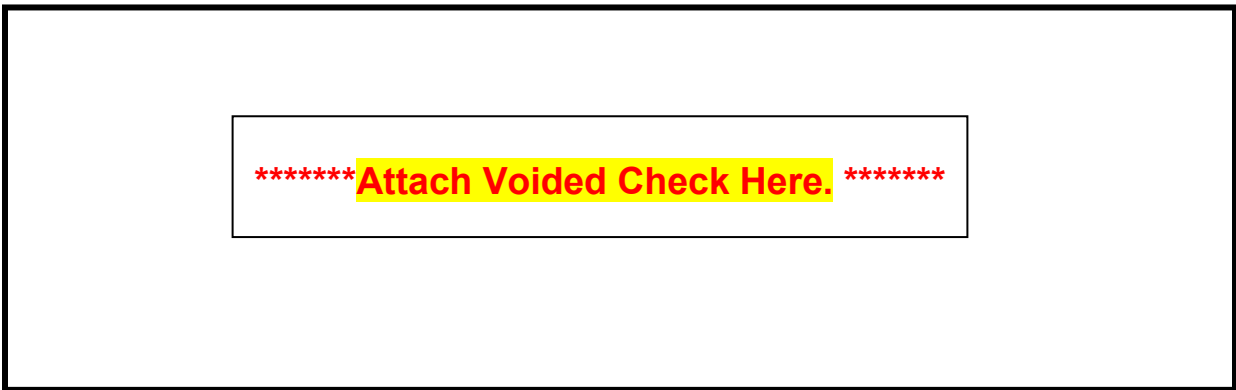
City/State/Zip: \_\_\_\_\_ Telephone.: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Checking  Savings

Bank Name: \_\_\_\_\_

Bank City/State: \_\_\_\_\_

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



\_\_\_\_\_

**Return form to:**

PAF@optos.com

**Or fax to:** 508-597-8361

**New ACH Enrollment:** \_\_\_\_\_

**Acct#:** \_\_\_\_\_

**Updated ACH Info:** \_\_\_\_\_

**Site#:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

\_\_\_\_\_