



GE Capital
 GE Commercial Distribution Finance Corp
 5595 Trillium Blvd.
 Hoffman Estates, IL 60010
 Phone: 800-451-5944
 Fax: 800-253-8353

BANKING INFORMATION FORM

For Your Payments to CDF Automatic Direct Debit Authorization Agreement

As an officer/partner/principal of _____, I hereby authorize GE Commercial Distribution Finance Corporation ("CDF") to electronically debit CDF account charges indicated below by me (or above company) on the due date through the use of the Automatic Direct Debit process. It is agreed that these transfers and adjustments may be made electronically under the rules of the National Automated Clearing House Association.

All Charges & Fees – as of 09/01/2009 **Scheduled Liquidation on Due Date – as of 03/01/2010**

This authorization will go into effect as of the dates noted above and with the receipt of a voided check, and will remain in effect until written notice of termination is given.

***Please Provide Your Bank Information in the Section Below ***

Name of Bank: _____	Type of Account: _____
Name on Account: _____	Bank Contact: _____
Bank Transit Routing Number: _____	Bank Account Number: _____
Bank Address: _____	Bank City: _____
Bank State: _____	Bank Zip Code: _____
Bank Phone Number: () _____	Bank Fax Number: () _____

Please Provide Your Company Contact Information in the Section Below

Accounting contact: _____	Company Authorized signature: _____
Email address: _____	

An Advice of payment will be sent to you the day before your account is debited. We will email this advice to the email address noted above.

Company Name _____
 Address _____
 City, State Zip Code _____
 Paid to the order of _____ 1213
 _____ 1/1/2009

Submit Voided Check with this Form

For Payments from CDF to You – Required for ACH Electronic Funds Transfers (All Fields Required)

Same Information as Above

Name of Bank: _____	Name on Account: _____
Type of Account: _____	Bank Contact: _____
Bank Transit Routing Number: _____	Bank Account Number: _____
Bank Address: _____	Bank City: _____ Bank
State: _____	Bank Zip Code: _____
Bank Phone number: () _____	Bank Fax number: () _____

Contact us if your bank is not on Federal Reserve System and uses another bank to route electronic fund transfers.

PLEASE RETURN THIS SIGNED DOCUMENT AND A VOIDED CHECK