



PORSCHE

## Direct Pay Program Authorization Agreement

Customer Information
PFS Account Number (10-digit number):
Account Holder Name (please print):
Joint Account Holder Name: (if applicable, please print)
Email Address:

By signing below, I (we) hereby authorize and request Porsche Financial Services, Inc. or Porsche Leasing Ltd., as applicable, (collectively "PFS") to initiate electronic funds transfers or other withdrawals from my (our) designated account for amounts due to PFS under the terms of my (our) Motor Vehicle Lease Agreement and/or Retail Installment Contract ("Contract") with PFS. This authorization is for recurring periodic electronic funds transfers or other withdrawals from my (our) designated account in an amount equal to the regularly scheduled monthly payment due\* under the Contract and any other additional amounts which may become due under the terms of the Contract. The financial institution I (we) authorize is hereby authorized to honor the electronic funds transfers or other withdrawals initiated by PFS and to debit my (our) account for such amounts. I (we) will receive 10 days prior written notice of any additional amounts (in excess of the regularly scheduled payment) due under the Contract only when such amounts exceed \$25 for a single electronic funds transfer or withdrawal., unless the following is checked:

I (we) elect to receive 10 days prior written notice for any additional amount due under the Contract. I (we) acknowledge that PFS may discontinue the Direct Pay Program at any time. I (we) may cancel this Direct Pay Program Authorization by providing written notice to PFS or by calling PFS at 1-800-505-1041 from 9:00 a.m. to 7:00 p.m. Eastern Time, Monday through Friday. The cancellation will become effective within five (5) business days after receipt by PFS of my (our) written cancellation notice or notification by telephone.

\*If a payment date falls on a weekend or holiday, the deduction will occur on the next business day.

Account Holder Signature: ✕ \_\_\_\_\_ Date: \_\_\_\_\_

Joint Account Holder Signature: ✕ \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Please attach voided check here.

**Please be aware that the name(s) on the check must match the name(s) on the contract. If there is a discrepancy, Porsche Financial Services will be unable to process the enrollment.**

Submit the completed, signed form and voided check to:

Porsche Financial Services  
Attn: Accounting  
One Porsche Drive  
Atlanta, GA 30354  
Fax: (800) 764-9778  
pfs.customerservice@porsche.us