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Fill in the customer number(s) to be enrolled. In the column(s) for the chosen billing types, enter the number of days (from invoice date) that the direct debit is to take place. 15 days is standard. If the number of days is 15 or fewer, the payment will be reduced by 1/4 of 1%. The number of days may not exceed 30, except for maintenance or software recurring charges billed by calendar quarter, where up to 50 days may be specified. Direct Debit will be utilized for all billing of that type (those types) in the specified customer number(s).

Customer #	Maintenance	Recurring Software License	Purchase/ OTC Software	Services	All Billing Types	Other (specify)

(USE 'ATTACHMENT' TO ENROLL ADDITIONAL CUSTOMER NUMBERS)

DURATION OF AUTHORIZATION (Check one) \_\_\_\_\_ ONGOING  
\_\_\_\_\_ ONE-TIME

AUTHORIZATION EFFECTIVE DATE \_\_\_\_\_

\*\*\*\*\* NO CHANGES TO THIS DOCUMENT ARE AUTHORIZED BY IBM CORP. \*\*\*\*

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TERMS AND CONDITIONS

1. I authorize IBM to periodically, or as specified above, initiate orders for the payment of money ('Debit Entries') from my business deposit account indicated on the attached voided check. Each Debit Entry will be in the total amount from an invoice(s) rendered for the billing type(s)/customer number(s) indicated above.
2. I agree to notify IBM Corporation at least 14 days prior to any changes in my deposit account information. An amendment to this authorization form will be provided to the customer for such purposes.
3. I agree to notify IBM Corporation in writing 60 calendar days prior to termination.
4. I understand that if a Debit Entry is not accepted by me or by the financial institution where my deposit account is located and the Debit Entry is returned unpaid or partially paid, then if I have made no other provision for payment of the invoice, on or before the due date, such payment may be considered delinquent and may be subject to a late payment fee assessment based on the terms and conditions of the invoice. Payment for such invoice, and any related late fee assessments must be made outside the scope of this program.
5. I understand I CAN NOT authorize Debit Entries in excess of (>) 30 days from the date of the invoice (> 50 days for Quarterly invoices billed by calendar quarter).
6. I understand that, under any circumstances, if a Debit Entry cannot be processed by due date, other provisions for payment of the invoice must be made.

I have read and agree to the terms and conditions of the IBM Direct Debit payment option as set forth in this Authorization and on page 1.

SIGNATURE REQUIRED

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
CUSTOMER CONTACT NAME

\_\_\_\_\_  
CUSTOMER AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

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ATTACH VOIDED CHECK HERE

If voided check is unavailable, then written documentation from the customer's bank is required to verify the bank routing and account information.