



Who is eligible for AutoCheque?

AutoCheque is available to all Lexus Financial Services (LFS) retail finance plan or lease customers. Your account must be current to qualify for AutoCheque.

Is there a fee for AutoCheque?

As an added service to our customers, LFS does not charge a fee for the convenience of AutoCheque. However, your financial institution may charge a fee for electronic funds transfers so be sure to ask about any applicable fees.

How do I sign-up for AutoCheque?

Enrolling in AutoCheque is simple with the attached enrollment form. All you need to do is complete the form, attach a voided check or savings deposit slip (depending on the source account that you choose), and submit them to your LFS Customer Service Center.

How will I know that AutoCheque is activated and my first payment has been electronically debited?

After your enrollment is processed, you will receive a letter notifying you of the date your electronic payments will begin. Continue to make payments until you receive this confirmation letter.

Be sure to monitor your checking or savings account to ensure that withdrawals are made each month, especially the first month. In the unlikely event that an electronic payment is not automatically made, you will need to write a check for payment since AutoCheque cannot initiate payments after your due date.

What if I change banks?

If you change financial institutions, contact your LFS Customer Service Center at 1-800-874-7050 to obtain a new AutoCheque enrollment form. Complete the form and submit it along with a voided check or savings deposit slip from your new account. Be sure to allow at least 14 days prior to your next payment due date for the change to be effective.

When will the electronic withdrawal occur?

Each month your payment amount will be automatically debited from your checking or savings account on your payment due date. If the date falls on a weekend or holiday, the withdrawal will occur on either the holiday or the next business day, depending on your financial institution's schedule.

What happens in the event of a rejected payment request?

Electronic withdrawals may be rejected by your financial institution due to reasons such as insufficient funds or closed accounts. Should this occur, you must write a check and remit your payment. Once current, your next month's payment will be electronically debited as scheduled.

What if I chose to discontinue AutoCheque?

You are free to discontinue AutoCheque at any time. All you need to do is send a signed letter to your LFS Customer Service Center. AutoCheque will be discontinued in approximately 5–7 working days after receipt of your request.

What if I chose to pay off my account balance early, or trade or sell the car prior to maturity date?

This process is the same as if you chose to discontinue AutoCheque. By sending a signed letter to your LFS Customer Service Center, AutoCheque will be discontinued in approximately 5–7 working days after receipt of your request.

There is no need to discontinue AutoCheque when your account pays out as scheduled in your contract since the withdrawals will discontinue automatically.





FLECTRONIC PAYMENT PROGRAM

AutoCheque saves you time and postage, and best of all helps alleviate the worry of making payments on time. By utilizing AutoCheque, your monthly payment will be debited from an account you designate. So, enroll now and make your payments electronically the easy way!

- Step 1: Complete the customer information section.
- Step 2: Complete the financial institution information section. List the name on the account, including any joint account holder.
- Step 3: Sign and date the enrollment form.

1. Customer Information

- Step 4: Write "VOID" across a check or savings deposit slip preprinted with your name, address and account number from the account you designate and attach to the completed enrollment form. Information contained on the check/savings deposit slip is used by LFS and your financial institution to complete the enrollment process.
- Step 5: We have provided two copies of this form. One needs to be mailed to Lexus Financial Services, and one should be kept for your records. Please keep a copy of the voided check or savings deposit slip for your records as well.
- Step 6: Place the completed enrollment form and the voided check or savings deposit slip into a properly addressed envelope and mail to: Lexus Financial Services, P.O. Box 22202, Owings Mills, MD 21117

Allow a minimum of 14 days for your account to be converted to AutoCheque. Make any payments on your account, as required, until receipt of notification that you are enrolled in AutoCheque. You may wish to verify that your financial institution offers this service for your specific account.

2. Financial Institution Information

Customer Name:	Financial Ins	Financial Institution (check one): \square Bank \square Savings & Loan \square Credit Union		
Address:	Financial Ins	Financial Institution Name:		
City:	Address:			
State:	Name on A	Name on Account:		
Zip:	Joint Name			
LFS Account Number (10 or 11 digits):	, and the second	Account (check one): Checking Savings umber (include voided check/savings deposit slip):		
LFS will provide a monthly billing statement for your records.	LFS Monthl	stitution Routing Number (9 digits): y Payment Amount†: \$	ail finance contract or lease	
3. Sign and Date I(we)hereby authorize and request Lexus Financial Services to my (our) checking/savings account indicated at the finance the debit entries initiated by LFS and debit such account. This as they may be changed, from time to time, by LFS. This authorized either of us) of its revocation in such a manner and time by the retail contract or lease agreement have been made of debit on my (our) account at any time, including if an electrosponsible for the payments due under the terms of my retain my (our) account must comply with the provisions of Uniter	ial institution identified i s authorization is for pay ority is to remain in effe ne as to afford LFS and or LFS cancels the debit ronic debit is denied pa ail contract or lease agr	n this authorization, and I (we) authorize and request said finements described in the related retail contract or lease agreed to until LFS and the financial institution listed have received the financial institution a reasonable opportunity to act upoth as set forth below. I (we) understand and agree that LFS neasyment by my (our) financial institution. I (we) understand	ancial institution to honor ement, or those payments I written notification from in it, all payments required hay cancel the electronic that I (we) will remain re-	
XCustomer Signature	Date	Joint Signature (if applicable)	Date	







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Address:	Financial Ins	Financial Institution Name:		
City:	Address:			
State:	Name on A	Name on Account:		
Zip:	Joint Name			
LFS Account Number (10 or 11 digits):	, and the second	Account (check one): Checking Savings umber (include voided check/savings deposit slip):		
LFS will provide a monthly billing statement for your records.	LFS Monthl	stitution Routing Number (9 digits): y Payment Amount†: \$	ail finance contract or lease	
3. Sign and Date I(we)hereby authorize and request Lexus Financial Services to my (our) checking/savings account indicated at the finance the debit entries initiated by LFS and debit such account. This as they may be changed, from time to time, by LFS. This authorized either of us) of its revocation in such a manner and time by the retail contract or lease agreement have been made of debit on my (our) account at any time, including if an electrosponsible for the payments due under the terms of my retain my (our) account must comply with the provisions of Uniter	ial institution identified i s authorization is for pay ority is to remain in effe ne as to afford LFS and or LFS cancels the debit ronic debit is denied pa ail contract or lease agr	n this authorization, and I (we) authorize and request said finements described in the related retail contract or lease agreed to until LFS and the financial institution listed have received the financial institution a reasonable opportunity to act upoth as set forth below. I (we) understand and agree that LFS neasyment by my (our) financial institution. I (we) understand	ancial institution to honor ement, or those payments I written notification from in it, all payments required hay cancel the electronic that I (we) will remain re-	
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