**AUTHORIZATION FOR DIRECT PAYMENT VIA ACH**

*Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.*

I, as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Company”) authorize The Lynch Law Firm (the “Firm”) to electronically debit the account of the Company (and, if necessary, electronically credit the Company’s account to correct erroneous debits) as follows:

 Checking Account/ Savings Account (select one) at the depository financial institution named below. The Company agrees that ACH transactions authorized by the Company comply with all applicable law.

Name on account: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN/EIN: \_\_

Depository Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_ Account Number: \_\_\_\_\_\_\_\_

Total amount to be debited:

Initial amount of debit: Date of initial debit(s):

Frequency of subsequent debit(s): Amount of ongoing debits:

Date of monthly debit(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date of debit(s): \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Company understands that this authorization will remain in full force and effect until the Company notifies the Firm in writing to 4500 I-55 North, Suite 241, Jackson, MS 39211 that the Company desires to revoke this authorization. The Company understands that the Firm requires at least 10 business days prior notice in order to cancel this authorization.

Agreed this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2014.

 **[Type Company Name]**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By: [Type Name]**

**Please attach the following to this form:**

* **A voided check from the account to be debited**
* **A copy of your driver’s license**