

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**