**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 authorize The Lynch Law Firm (the “Firm”) to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits) as follows:

 Checking Account/ Savings Account (select one) at the depository financial institution named below (“DEPOSITORY”). I agree that ACH transactions I authorize comply with all applicable law.

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

SSN: \_\_

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): \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this authorization will remain in full force and effect until I notify the Firm in writing to Post Office Box 12229, Jackson, MS 39236 that I wish to revoke this authorization. I understand that the Firm requires at least 10 business days prior notice in order to cancel this authorization.

Agreed this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2016.

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

**[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**