

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**