

## 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.*

We authorize The Lynch Law Firm (the "Firm") to electronically debit our account (and, if necessary, electronically credit our account to correct erroneous debits) as follows:

\_\_\_\_\_Checking Account/\_\_\_\_\_Savings Account (select one) at the depository financial institution named below. We agree that ACH transactions we authorize comply with all applicable law.

Name(s) on account: \_\_\_\_\_

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

We understand that this authorization will remain in full force and effect until we notify the Firm in writing to 4500 I-55 North, Suite 241, Jackson, MS 39211 that we wish to revoke this authorization. We understand that the Firm requires at least 10 business days prior notice in order to cancel this authorization.

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

\_\_\_\_\_  
[Type his name]

\_\_\_\_\_  
[Type her name]

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

- ✓ A voided check from the account to be debited
- ✓ A copy of your driver's license