



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBIT)

I authorize the above-named company to debit my:

_____ Checking Account (attach voided check)

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

OR

_____ Savings Account

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

for services rendered. I authorize the amount of \$ _____, to be debited monthly on the first day of every month, beginning on _____.

I acknowledge that the origination of the ACH transaction to my account must comply with the provisions of the U.S. law. This authorization will remain in effect until Ocker & Associates, PC has received written notice from me to discontinue this agreement.

Name (please print): _____

Signature: _____

Date: _____

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS.

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CONNECT WITH US

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