

Authorization Agreement for ACH Payment

Client Name: _____

Debtor Name: _____

Balance Due: _____

RE: Payment Terms: The debtor company listed above authorizes Alexander, Miller & Associates LLC c/o the client listed above to draft the amounts listed below from the account listed below on the following dates:

BANK INFORMATION

Bank Name: _____ City: _____ State: _____

Name on Check or account: _____

Address on Check or account: _____

Type of Bank Account (Check One) Individual: _____ Commercial: _____

Routing Number (ABA Number, 9 Digits) _____

Account Number; _____ Check #: _____

Draft Date: _____ Draft Amount: _____

***Signature:** _____ Date: _____

**MANDATORY FOR ALL INDIVIDUAL ACCOUNTS OR COMMERCIAL ACCOUNTS
PLEASE FAX BACK TO :281-741-5553**

I/We hereby authorize Alexander, Miller & Associates LLC or any of its operating subsidiaries to initiate ACH payment for the amounts listed herein, on the dates listed above from the checking account listed above.

* Printed Name as it appears on check or account: _____

WondershareTM
Identifying your account can be difficult sometimes, therefore,
PLEASE ATTACH A VOIDED CHECK