



**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Access Finance Inc, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) _____ (Branch)

(Address) _____ (City-State) _____ (Zip)

(Routing/Transit Number) _____ (Account Number)

Type of Acct: ___ Checking ___ Savings

Recurring Set Amount \$ _____ Day of Month to Debit Account _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Name)

(Account Number)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Once form is completed, you can either:

- 1) Mail us the form with a copy of the voided check (address below)
- 2) Fax it to the fax number below
- 3) Email it to info@accessfinance.com