

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Practice Name: East End Orthodontics

I (we) hereby authorize East End Orthodontics, herein called Company, to initiate debit entries to my (our):

Checking Account – **PLEASE SUBMIT A VOIDED CHECK WITH AGREEMENT**

indicated below at the depository financial institution named below, herein called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Account
Number: _____ Number: _____

Please circle one: Business OR Personal

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 in such manner as to afford Company and depository reasonable opportunity to act on it.

Responsible Party Name: _____

Date: _____ Signature: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.