

# AUTHORIZATION AGREEMENT AUTOMATIC PAYMENTS (ACH DEBITS)

I \_\_\_\_\_, hereby authorize Bright Haven, LLC , hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number)

**Type of Account:** \_\_\_ **Checking** \_\_\_ **Savings**

**Frequency:** \_\_\_ **Monthly** \_\_\_ **Weekly**

**Begin Auto-Draft on this date:** \_\_\_\_\_

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 Individual Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

**\*PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**

Admin Use Only:
CN: _____
DOB: _____
Starting Rate: _____
Entered: _____
Rate Change Date: _____