

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** ____ **Bi-Weekly**

*Biweekly drafts will take place on the **first & third** Mondays of the month.*

*Monthly drafts will take place on **the second** Monday of the month.*

If a that Monday is a bank holiday, the draft will take place on the next business day.

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!**