



Martini, Hughes & Grossman

900 Linton Blvd, Suite 201

Delray Beach, FL 33444

Local: 561-266-9877 Fax: 561-266-9887

AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)

In consideration of the goods, products and/or services provided to me by _____ and to be collected by MHG, LLC, as listed above, I hereby authorize MHG, LLC to initiate a debit entry to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount and frequency listed below if I so choose a reoccurring payment plan. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

ACCOUNT INFORMATION

Full Name on Account: _____ (Please Print)		Address: _____	
Signature: _____		_____	
Date: ____/____/____		Phone: _____	

Depository Bank Name: _____		Branch (City, State, Zip): _____	
Routing Number: _____		Account Number: _____	
Is this account: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings		<input type="checkbox"/> Personal or <input type="checkbox"/> Business	

PAYMENT TERMS

Frequency (Check One): One-Time Monthly Weekly Other basis			
Terms: _____		Starting: ____/____/____	
Draft Date	Amount	Draft Date	Amount
Total Number of Reoccurring Payments: _____		Total Amount to be debited: _____	

The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until MERCHANT has received written notification from me of termination in such time and in such manner as to afford MERCHANT and DEPOSITORY a reasonable opportunity to act. I may only revoke this authorization by contacting MERCHANT directly at the address and phone number listed above.

For Office use only:			
Case Number: _____	Client: _____	Coll: _____	
PIF: _____	SIF: _____	PPA: _____	Other: _____