

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: [] Checking or [] Savings	[] Personal or [] Business				
PAYMENT TERMS					
Frequency (Circle One): One Time, Menthly, Weekly, or Other basic					

Frequency (Circle One): One-Time, Monthly, Weekly, or Other basis						
Terms:		Starting://				
Draft Date	Amount	Draft Date	Amount			
Total Number of Reoccurrir	ng Payments:	Total Amount to be debite	d:			

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:			