



ACH AUTHORIZATION AGREEMENT (ACH Debits)

I (we) hereby authorize LivingWell Pregnancy Centers, hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account**/ **Savings Account (select one)** indicated below at the depository financial institution named below, hereinafter 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.

Payment Information

Amount of Payment_____

Date of Monthly Payment_____

Bank Information

Name_____

Branch_____

City_____

State_____ Zip_____

Routing
Number_____

Account
Number_____

This authorization 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 a reasonable opportunity to act on it.

Signature(s)

Date

Signature(s)

Date

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