

GENESIS LAW GROUP

3435 Wilshire Blvd., Suite 2285
Los Angeles CA 90010
Tel.: 213-388-3887 Fax: 213-388-1744

ACH ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Yes, I _____ would like to take advantage of the security and convenience of electronic funds transfer scheduled.

As a duly authorized signer on the financial institution account identified below, I authorize you to perform:

1st Date of Transaction: _____ Amount: \$ _____

2nd Date of Transaction: _____ Amount: \$ _____

3rd Date of Transaction: _____ Amount: \$ _____

4th Date of Transaction: _____ Amount: \$ _____ electronic funds transfer debits from the account for payments due or when applicable, apply electronic funds transfer credits to the same.

Billing Address: _____

Furthermore, if any such electronic debit(s) should be returned by my financial institution as unpaid (Non-Sufficient or Uncollected Funds), I authorize, The Genesis Law Group, A Professional Law Corporation, to collect a returned item fee of \$25.00 (or the maximum amount allowed by state law) per item by electronic debit from the same account identified below.

For accounting purposes, all electronic debits will be reflected on the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above.

AUTHORIZING SIGNATURE: _____ DATE: _____

**This authorization is to remain in full force and effect until The Genesis Law Group, A Professional Law Corporation has received written notification of its termination in such time and in such manner as to afford The Genesis Law Group, A Professional Law Corporation a reasonable opportunity to act on it or the until the term of the authorization expires. Any such notice should be sent to by fax 213-388-1744, email: ach@thegenesislaw.com, mail: 3435 Wilshire Blvd., Suite 2285, Los Angeles, CA 90010.

Financial Institution account "identifying information":

Enter financial institution account information in the fields provided below or attach a blank VOID check.

| | | |
|------------------------|-----------|-----------|
| Financial Institution: | Branch: | |
| City: | State: | Zip Code: |
| Transit/ABA Routing # | Account # | |

Need help identifying your Transit/ABA Routing # and Account #?, see diagram below or call 213-290-0111.

Example

