

# ACH Withdrawal or Credit Card Charge Authorization

Name on Account: \_\_\_\_\_

Daytime Phone No.: (\_\_\_\_) \_\_\_\_\_ Last 4 Soc. Sec. #: xxx-xx \_\_\_\_\_

ABA routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account:  Checking  Savings

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Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Type of card:  Visa  MasterCard  AMEX  Discover

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Amount: \$ \_\_\_\_\_

Frequency:  Weekly  Monthly

Day/date of month: \_\_\_\_\_

I request and authorize Goodman Law Firm, P.C. ("GLF") to initiate debit entries against my account and make monthly withdrawals via electronic transfer from my account with the Financial Institution named above in the amount indicated above. This agreement begins during the month and year stated below for the individual/company named above. I request that this Authorization, unless previously revoked, continue to apply to any changes later made in services provided. Due to bank processing procedures, I understand that my first debit may not occur for one or two months from the beginning date above and that GLF reserves the right to withdraw previous month(s) due during the month in which the first transaction is processed. Debits to my account will occur between the 20<sup>th</sup> and the 31<sup>st</sup> of the month unless a day/date is specifically stated above. This pre-authorized payment agreement will automatically renew annually and will remain in effect until cancelled in writing by either party. I agree that if this preauthorized payment agreement terminates for any reason before the end of the 12-month period, GLF is authorized to debit my account for the full remaining balance due unless other arrangements for payment of the balance have been approved by GLF. As a convenience to me, I hereby request the Financial Institution named above to accept and honor the draft or transfer withdrawals from my account. I agree that your rights in respect to each draft or transfer shall be the same as if it were a check drawn on you and signed personally by me and that you shall be fully protected in honoring such draft or transfer. This Authorization shall remain in effect until revoked in writing, mailed to the other parties at the address of record. GLF or Financial Institution shall have a reasonable time to act on the revocation notice. I have retained a copy of this Authorization. In the event I have listed a credit card above, I hereby authorize Goodman Law Firm, P.C. to charge my credit card, listed above, in the amount indicated each month until my financial obligation to the law firm has been paid in full.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_