

LARSEN & ASSOCIATES, P.L. – ACH PAYMENT AUTHORIZATION FORM

GENERAL INFORMATION

Association: _____
Owner Name: _____
Property Address: _____
Matter ID: _____

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____, hereby authorize the Law Firm of Larsen & Associates, P.L. to charge my account indicated below for:

Amount: _____ on or after _____ (DATE)

ACCOUNT HOLDER INFORMATION

Account Holder Name: _____
Account Holder's Billing Address: _____
Phone Number: _____
Email Address: _____

BANK ACCOUNT INFORMATION

Bank Name: _____
Bank Account Number: _____
Bank Routing Number: _____
Bank City/State: _____

* This account is enabled for ACH Transactions Yes No

I certify that I am an authorized representative of the account indicated above and that I have the authority to authorize this payment. I understand that because this is an electronic transaction, these funds may be withdrawn from the account as soon as the above transaction date and that it will have limited time to report and dispute errors. In the case the transaction is returned for Non Sufficient Funds (NSF), I understand that Larsen & Associates, P.L. may at its discretion attempt to process the charge again within 30 days, and agrees to an additional \$50.00 charge for each attempt returned NSF. I further certify that the above listed account is enabled for ACH transactions, and agrees to reimburse Larsen & Associates, P.L. for all penalties and fees incurred as a result of the above listed bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions.

Account Holder's Signature: _____ **Date:** _____