

ACH PAYMENT AUTHORIZATION

Company Name: Jenkins & Young, P.C. for the benefit of the creditor on the account number below

I (we) hereby authorize Jenkins & Young, P.C., hereinafter called COMPANY, to initiate a one time debit entry from my (our) Checking Savings account (select one). The account information, as well as the depository name, hereinafter called DEPOSITORY, are indicated below.

Depository (Bank) Name:

Transit/ABA (Routing) No.:

Checking/Savings Account No.:

First Name:

Last Name:

Jenkins & Young, P.C. Account #:

Amount to debit:

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.

Signed: _____ **Date:** _____

***If you wish to revoke your authorization for this one-time ACH payment, you must contact our office 2 business days prior to the date you authorized the payment in this Authorization.**

Pursuant to the Fair Debt Collections Practices Act, you are put on notice that we are attempting to collect a debt and any information obtained will be used for that purpose. This communication is from a debt collector.