

# Haynes & Associates, LLC

## ACH Authorization

### ACH Consumer Debit Authorization Direct Payment Enrollment for Recurring Bill Payment

I (we) hereby authorize Haynes & Associates, LLC to debit my (our) checking account at the financial institution listed below. If necessary they can initiate adjustments for any transaction in error. The authorization will remain in effect until I (we) notify Haynes & Associates, LLC, at 6600 Sylvania Ave., Ste. #250, Sylvania, OH 43560 in writing to cancel.

**Bank Information:**

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution-Branch, City, State & Zip)

\_\_\_\_\_  
(Account holder's signature)

\_\_\_\_\_  
(Date)

**Account holder's information:**

\_\_\_\_\_  
(Name-PLEASE PRINT)

\_\_\_\_\_  
(Address-PLEASE PRINT)

Financial Institution Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_