



AUTHORIZATION AGREEMENT FOR ACH COLLECTIONS (ACH DEBITS)

I hereby authorize **Acuity Group of Mississippi, LLC** to initiate ACH debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the:

_____ Checking Account
_____ Savings Account

indicated below and the depository institution named below to debit and/or credit the same to such account.

BANK NAME _____
CITY _____ STATE _____ ZIP _____
TRANSIT/ABA _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until **Acuity Group of Mississippi, LLC** has received written notification from me of its termination in such time and in such manner as to afford **Acuity Group of Mississippi, LLC** a reasonable opportunity to act on it.

NAME _____
SIGNATURE _____ DATE _____

NOTE: Please return this signed authorization form along with a copy of a **VOIDED CHECK** (if available) from the above-listed bank account.