

**BELMONT CLARK PARTNERS**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS**

I hereby authorize **Belmont Clark Partners**, hereinafter called COMPANY, to initiate debit entries to my Checking Account  / Savings Account  (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Account  
Number \_\_\_\_\_ Number \_\_\_\_\_

This authorization is start \_\_\_\_\_, 201\_\_ and is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name \_\_\_\_\_ Apt # \_\_\_\_\_  
(Please Print)

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

**PLEASE SUBMIT VOIDED CHECK**