



Authorization Agreement for Automatic Withdrawal of Funds ES3983

Customer # (leave blank if not applicable):
Last Name: First Name:
Address:
City: State: ZIP:

Routing Number: Account Number:
Valid Routing # must start with 0, 1, 2, or 3 and must have 9 digits.
Check Number
Account Number
Routing Number
Checking
Savings

Initial payment date: mm / dd / yyyy
Amount of ongoing payment: + \$7.50
Frequency of payment: (please check only one)
Monthly on
Bi-Monthly - on and
Weekly on
Biweekly

AGREEMENT
I authorize Financial Help Services, Inc. and Vanco Services, LLC to process debit entries from my account. I understand there will be \$7.50 processing fee for each debit, and a \$30.00 fee automatically charged to my account for any insufficient funds (NSF). I have attached a voided check or savings deposit slip. ANY CHANGES TO THIS AGREEMENT WILL REQUIRE FIVE(5) BUSINESS DAYS NOTICE. This authorization will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.
Authorized Signature: Date:

Please staple voided check here.