

H7L - Electronic Funds Transfer (EFT) Authorization Application

I authorize the financial institution named below to accept Direct Payment instructions and to debit my account indicated below or credit my account if it is necessary to make corrections. The undersigned hereby authorizes **Attorney Mark S Buckley**, and/or its authorized agents, to initiate debit entries for payment of services. The undersigned authorizes adjusting credit/debits for entries made in error or entries requiring reversals due to returned items to the account of the undersigned. All such entries shall be made to the account indicated below and the depository named below is hereby authorized to credit and/or debit the same to or from said account.

Customer Name: _____ Email: _____

Company Name: _____ Telephone #: _____
(if applicable)

Street Address: _____ City: _____ State: _____ Zip: _____

H7L- Attorney Mark S Buckley

Organization ID: 0100

Payment Method

Checking Savings

PLEASE SEPARATELY ATTACH A COPY OF A VOIDED OR CANCELLED CHECK

Bank Account Information

Bank Name: _____ Telephone: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Routing Number (9 Digits): _____ Account Number: _____

Routing numbers starting with 5 are invalid.

Payment Instructions: WEEKLY BIWEEKLY MONTHLY QUARTERLY ANNUALLY
(select one)

Payment Start Date: _____ / _____ / _____ Payment Amount: \$ _____

Payment End Date: _____ / _____ / _____ Number of Payments: _____
(if applicable)

If received by GMS after first scheduled draft should payments be forced? Yes No

I hereby grant standing permission to Attorney Mark S Buckley to debit my account for the following

AUTHORIZED AMOUNT RANGE: \$ _____ TO \$ _____

I hereby authorize **Attorney Mark S Buckley**, hereinafter called Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that this payment plan may be canceled by Company at any time. The undersigned represents and warrants that it is authorized and empowered to execute this authorization for the purposes specified herein and indemnifies and holds Company and its agents harmless from any damage, loss or claim resulting from Company's authorized actions hereunder.

X _____

Payer's Signature

_____ **Date**

SELECT ONE: **NEW PARTICIPANT**

CHANGE TO PARTICIPANT