

CHECK BY FAX

Authorization Agreement for Direct Payments (ACH DEBITS)

I (we) hereby authorize Clemens & Associates, Inc. to initiate a debit entry to my (our) account (select one) for the check below.

Checking Account Savings Account

Indicated below at the depository financial institution named below, hereafter called depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name : _____

Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

This authorization is for the amount of the specified check shown below to Clemens & Associates, Inc. (do not mail check)

Name(s): _____

Signature: _____ Date: _____

Place voided check here – fax to 309-665-4172