

MSM FILE # _____

AUTOMATED CLEARING HOUSE (ACH) DIRECT WITHDRAWAL AUTHORIZATION/AGREEMENT

Completing and signing this Agreement authorizes Mason, Schilling & Mason Co., LPA to withdraw funds through the Automated Clearing House (ACH), from the account listed below.

Name: _____ Name of Financial Institution: _____

Routing Number: _____ Account Number: _____

Type of Account (savings/checking): _____

Frequency of Debit (i.e. weekly/bi-weekly): _____

Date of Transfer (Note: transfers will be made monthly on each consecutive month or the preceding business day if the date of transfer falls on a weekend, federal holiday, or day the Federal Reserve is closed) beginning with the first payment due date: _____

Amount of (each) Transfer: _____ Your Phone Number: _____

By signing this agreement, you confirm that you understand:

- You must have the funds available in your account on the scheduled date of transfer. Mason, Schilling & Mason Co., LPA will only make one (1) attempt to complete the transfer each month. If funds are not available, Mason, Schilling & Mason Co., LPA will not be able to complete the transfer that month, and you will need to make your requisite payment(s) through alternative means.
- If an ACH debit transfer is returned from your financial institution as “Account Closed,” “Stop Payment,” “Insufficient Funds,” “Dishonored Check,” “Authorization Revoked,” or any similarly suited term, this authorization will be cancelled. **If an ACH Debit transfer is returned or is dishonored, you are responsible for any associated service fee and such fee may be debited electronically from your account via the ACH Network.**
- This authorization will remain in effect until either Mason, Schilling & Mason Co., LPA or you has given notification to terminate this authorization. If you wish to cancel this authorization you must notify Mason, Schilling & Mason Co., LPA, **in writing, at least ten (10) business days before the next scheduled transfer date.** If you wish to change the scheduled transfer (including account information, amount, or scheduled date of transfer), you must notify Mason, Schilling & Mason Co., LPA in writing at least **ten (10) business days** before the scheduled date of transfer.
- Your origination of the ACH entry under this agreement must comply with all applicable federal and state laws and regulations.
- You must be an owner, user or signer on all accounts that you are transferring funds from.
- This Direct Withdrawal Authorization/Agreement and all questions relating to its validity, interpretation, performance and enforcement shall be governed by and construed in accordance with the laws of the State of Ohio. Any legal action or proceeding with respect to this Authorization/Agreement may be commenced in such courts.

I HEREBY AUTHORIZE MASON, SCHILLING & MASON CO., LPA TO AUTOMATICALLY INITIATE ACH TRANSFER ENTRIES TO DEBIT THE ACCOUNT IDENTIFIED HEREIN. THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNLESS AND UNTIL MASON, SCHILLING & MASON CO., LPA HAS RECEIVED WRITTEN NOTIFICATION THAT THIS AUTHORIZATION HAS BEEN TERMINATED AT LEAST TEN DAYS PRIOR TO THE NEXT SCHEDULED TRANSFER. THE UNDERSIGNED REPRESENTS AND WARRANTS TO MASON, SCHILLING & MASON CO., LPA THAT THE PERSON EXECUTING THIS AGREEMENT IS AN AUTHORIZED SIGNATORY ON THE ACCOUNT REFERENCED BELOW AND ALL INFORMATION REGARDING THE ACCOUNT AND ACCOUNT OWNER IS TRUE AND CORRECT. BY SIGNING THIS FORM, YOU AUTHORIZE MASON, SCHILLING & MASON CO., LPA TO ESTABLISH A RECURRING ACH TRANSFER FROM THE ACCOUNT DESIGNATED HEREIN, ON THE PAYMENT DUE DATE(S) AS SPECIFIED ABOVE. YOU AGREE THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT, AND THAT YOU UNDERSTAND THAT ANY AND ALL FEES ASSOCIATED WITH A DISHONORED DEBIT TRANSFER ARE YOUR RESPONSIBILITY.

Name (printed): _____ Signature: _____

Date: _____

PLEASE STAPLE A VOIDED CHECK TO THIS PAGE & A COPY OF YOUR DRIVERS LICENSE.

THIS COMMUNICATION IS FROM A DEBT COLLECTOR.