



ACH AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

PARTNER'S NAME: _____

Note: The name must match the name/professional entity as stated on partnership documents, and must also be the named owner of the ACH bank account listed below.

PARTNER'S SSN/EIN: _____

Note: Number must match IRS records and be the same tax ID affiliated with the ACH account listed below.

I hereby authorize CULHANE MEADOWS PLLC to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my bank account identified below, at the financial institution named below. I acknowledge that the authority in this authorization agreement will remain in effect until I have cancelled it in writing with seven days' notice and that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I further agree that all payments I receive from CULHANE MEADOWS PLLC may be disbursed to me via ACH.

The account for which this ACH authorization agreement applies is:

Checking Account

Savings Account

Name of Financial Institution: _____

Main Branch Address: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

Date _____ Signature _____