

KASS LEGAL GROUP

A PROFESSIONAL LIMITED LIABILITY COMPANY
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OF COUNSEL:
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Consumer Authorization for Direct Payment (ACH DEBITS)

I (we) hereby authorize **KASS LEGAL GROUP, PLLC** ("COMPANY") to electronically debit my (our) account as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name: _____

Routing Number: _____ Account Number: _____

Name(s) on the Account: _____

Date(s) and/or frequency of debit(s) _____

Amount of debit(s) or method of determining amount of debit(s) _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY, in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 14 days prior notice in order to cancel this authorization.

Name (s): _____

Signature(s): _____

Date: _____

PLEASE ATTACH A VOIDED CHECK