ACH Debit Authorization Form

Business to Debit Account							
	Haus Financial Services, LLC Authorized Business Name		773-219-3559 Authorized Business Phone Number				
		estern Ave., #1		Chicago City		IL ST	60618 Zip
Accoun	it Holder Ir	nformation					
	Account Holder Name		Account Holder Business Name (if business account)			Account Holder Phone	
	Account Holde	er Address		City		ST	Zip
Accoun	nt Holder's	Bank Informatio	n				
		er's Bank Name		Branch City		ST	Zip
	710004111110141	or o Barrix Harris		·	Account Type		·
	Bank Routing Number (9 digits) Bank Account Number					: Busines	al Checking
	123456789						
	How to find your Routing and Account Numbers on a check						
Payment Information							
	Monthly Fees/Additional Fee Invoiced						
	Description/Goods Purchased/Services Rendered						
	Recurring:	No	_X_Yes				
		Payment Date	First Payment Date	Recurring Payment Date		Indefinite Payments	9
		\$ Amount of Payment	Weekly Biwee Frequency	kly X Monthly Quar	rterly Se	mi-annually _	Annually
			\$	\$	\$		
			Amount per Payment	Add to First Payment	Add to Last	Payment	
Authori	zation						
	Single Use I hereby authorize the above-named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system, according to the parameters specified herein. This authority will remain in effect until the payment(s) are completed as specified herein. Furthermore, I authorize First ACH to debit, if the payment is returned for any reason, a rejected/returned item fee of \$25 or the maximum amount allowed by law. Until Revoked I hereby authorize the above-named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system. This authority will remain in effect until revoked in writing by the undersigned account holder. Furthermore, I authorize First ACH to debit, if the payment is returned for any reason, a rejected/returned item fee of \$25 or the maximum amount allowed by law.						
	Signature of A	ccount Holder	 Print Name o	f Account Holder		 Date	

