



### AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize **Arbor Professional Solutions Inc.**, to initiate debit entries and, if necessary, credit correction and adjustment entries to my (our) account at the financial institution listed below, hereinafter called DEPOSITORY, to debit 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. laws and regulations.

Depository Name: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

Payment Amount	Account/Customer Number	Start Date (MM/DD/YYYY)	Frequency From Start Date
\$			<input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY

Routing & Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_  
(Checking account only)

This authority is to remain in full force and effect until **Arbor Professional Solutions, Inc.** has received written notification from me (or either of us) of its termination in such a time and manner as to afford **Arbor Professional Solutions, Inc.** and a reasonable time to act upon it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This communication is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.