

ELECTRONIC BANK TRANSFER AGREEMENT (EBT) ACH AUTHORIZATION AGREEMENT (ACH DEBITS)

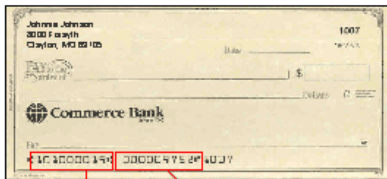
I (we) hereby authorize the Pregnancy Help Center Torrance, hereinafter called COMPANY, to initiate debit entries to my (our) *(select one)*

Checking Account

Savings Account

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the 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. law.

Payment Information	
Amount of Payment _____	Date of Monthly Payment: <input type="checkbox"/> 5 TH <input type="checkbox"/> 20 TH
Please begin my deductions in the Month of: _____	
Bank Information	
Name _____	Branch _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____
<small>(See image below to located routing number on your check)</small>	
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	
Signature(s) _____	Date _____
Signature(s) _____	Date _____
NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	



Routing Number Account Number