

Electronic Payments to Haigood & Campbell, LLC

Below is the Authorization for Direct Deposits (ACH Credits and Debits). If you would like to pay by EFT, please complete the information below:

Account Name: _____
(Please Print)

Your Legal Name: _____ Title: _____
(Please Print)

2nd Owner/Officer if two signatures are required: _____
(Please Print)

I (We) authorize Haigood & Campbell, LLC, to initiate credit and/or debit entries to my (our) bank account as indicated below at the depository financial institution named below, herein after called DEPOSITORY, and to credit and/or 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.

Bank Name: _____ Branch: _____

City / State: _____

Transit / ABA Number: _____

Account Number: _____ Checking Savings (check one)

This authorization is to remain in full force and affect until **Haigood & Campbell, LLC** has received written notice from me (or both of us) of it's termination in such time and in such manner as to afford **Haigood & Campbell, LLC** and DEPOSITORY a reasonable opportunity to act on it.

Authorizing Signature: _____

2nd Signature if required: _____

Date: _____

*****Please attach a voided check to this authorization form upon submission.*****