



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

Company Name/Individual Name _____
Address _____
City _____ State _____ ZIP _____

Customer # _____

I (we) hereby authorize Ralph Weiner & Associates, LLC. Hereinafter called Company to initiate a debit entry in the amount detailed below out of my (our) ___Checking___ Savings account (select one) indicated below.

Bank Name _____ Branch _____

Routing Number _____ Account # _____

Account Holder Name _____

Total Amount to be Debited: \$ _____

Detail of Items Being Paid:

Invoice #	Insured's Name	Amount
_____	_____	_____
_____	_____	_____

Date _____

Authorization _____
(Please Print)

Authorization Signature (s) _____