

**AUTHORIZATION FOR AUTOMATED CLEARING HOUSE (ACH) DEBITS**

CUSTOMER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Company Tax ID# \_\_\_\_\_

This is to certify that Harold Levinson Associates, Inc. ("HLA") may debit, using established banking industry ACH procedures, the bank account identified below to effect payment for HLA invoices to the customer in accordance with the sales terms of those invoices.

BANK ID (ABA #): \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer, Partner or Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Please Print or Type Name Signed Above

~~This authorization is to remain in full force and effect until HLA has received written notification, from the customer, of its termination in such time and manner as to afford HLA a reasonable opportunity to act on it.~~