



ACH Authorization Form

Subscriber Information

Subscriber Name:

Mailing address, City, State, Zip:

Account Number:

Telephone Number:

ACH Information – Checking or Savings Account Debits

Name(s) on Bank Account:

Name of Financial Institution:

Branch address, City, State, Zip

Branch Telephone Number:

Type of Account:

Checking

Savings

Bank Routing/Transfer Number

Bank Account Number:

I (WE) HEREBY AUTHORIZE LPC CONNECT TO DEBIT MY (OUR) CHECKING (SAVINGS) ACCOUNT AS INDICATED ABOVE AND THE DEPOSITORY NAMED FOR PAYMENT OF SERVICES BILLED TO ME (US) FOR SERVICES PROVIDED BY LPC CONNECT.

THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL LPC CONNECT HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORCD LPC CONNECT A REASONABLE OPPORTUNITY TO ACT ON IT.

Authorized Signature

Date

This institution is an equal opportunity provider and employer