

Phone: 732-576-3550 Email: <u>maxhandw@gmail.com</u>

CONSUMER AUTHORIZATION FOR DIRECT PAYMENTS VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

The Client named below authorizes Max Health & Wellness to electronically debit to my account shown below (and, if necessary, electronically credit my account to correct erroneous debit) with Max Health & Wellness as follows:

Checking Account / Savings Account (check) at the depository financial institution named ("DEPOSITORY"). I agree that ACH transactions I authorize comply with all applicable law.

Name of Client

Address

Phone Number

E-mail address

Bank Name

Routing Number

Account Number

Cancellation fee of \$100 is agreed to if 24 hour cancellation notice is not provided

Signature _____

2022 edition

Date

www.maxhealthandwellnessgroup.com