

**AUTHORIZATION AGREEMENT FOR ACH CLIENTS OF
SUMMIT MANAGEMENT SERVICES, LLC**

Please complete and return to our office with a voided check

NAME

ID Number (company use)

I (WE) hereby authorize Summit Management Services, LLC, herein after called COMPANY, to initiate Credit/Debit entries and/or corrective entries to my (our) ___ Checking, ___ Savings account (select one) indicated below at the depository named below, herein called DEPOSITORY, to Credit/Debit the same such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME

BRANCH

CITY

STATE

BANK TRANSIT/ABA NUMBER

ACCOUNT NUMBER

This authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

NAME

OTHER NAME, IF APPLICABLE

SIGNATURE

SIGNATURE

DATE

DATE

PLEASE ATTACH COPY OF VOIDED CHECK BELOW