

## **AUTHORIZATION for FUNDS TRANSFER**

I request and authorize Dominic DeSandro d/b/a Freedom Financial Law, or its agent, to initiate debit entries (electronic transfer or paper entry, and if paper entry to sign my name thereto) to my account at the financial institution indicated herein or on the attached voided check. I authorize the financial institution to remit funds of the debit entry to Freedom Financial Law.

I authorize said debit entries to occur on the dates herein indicated and for the purpose of remitting to Freedom Financial Law my monthly debt service contribution to my debt elimination program, and my Initiating Payment. I stipulate that, in making payment for such charges, the bank's rights shall be the same as if each charge were personally signed by me.

I understand that any changes in the dates for automatic debit of my account must be communicated to Freedom Financial Law at least three (3) business days prior to the draft date. I request that this authorization remain in effect until Freedom Financial Law receives written notice from me ten (10) days prior to the withdrawal date and changing or revoking the terms of this authorization. I understand that debits will continue as authorized below until this authorization is revoked.

If any paper or electronic entry be returned for any reason, all entries will be submitted one additional time. I authorize Freedom Financial Law to collect a returned debit item fee of \$10.00 or an amount equal to collection charges assessed against Freedom Financial Law, whichever is greater, by debiting the same account authorized herein.

In addition, I authorize Freedom Financial Law to withdraw \$ \_\_\_\_\_ in payment of my Initiating Payment at any time after my execution of this authorization.

I authorize debit entries to begin on: \_\_\_\_\_, and to continue (complete one)

Monthly on the \_\_\_\_\_ day of the month, or      Semi-monthly on the \_\_\_\_\_ and \_\_\_\_\_ days of the month  
in the amount of \$ \_\_\_\_\_      in the amount of \$ \_\_\_\_\_ for each debit

### FINANCIAL INSTITUTION ACCOUNT "Identifying Information"

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FILL IN BANK INFORMATION ABOVE AND  
ATTACH VOIDED BLANK CHECK HERE**

I understand and authorize all of the above as evidenced by my signature below. This authorization is effective immediately.

Name on Account: \_\_\_\_\_

Address: \_\_\_\_\_

Name / phone of person authorizing: \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_