



ADVANTAGE

Fax: 855.790.2070

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH)

Name of Business:

Address:

Telephone:

I hereby authorize MDJ Advantage LLC to initiate a debit entry to my checking account / savings account indicated below at the depository financial institution named below, and to debit the same such account. I acknowledge that the origination of the ACH transaction to my account must comply with the provisions of U.S. law.

Simply fill out your check like normal,
with the agreed upon amount, attach it here,
and fax this form to 855.790.2070

Please DO NOT mail physical check

This authorization is for a one time transaction to be debited in the amount of \$ _____

The debit will occur on 09/04/2020

~~Apply payment to memo / invoice # _____~~

Name (print):

Signature:

Date: