

**AUTHORIZATION AGREEMENT FOR  
DIRECT PAYMENTS (ACH DEBITS)**

Select one:  Enrollment  Cancellation  Change

I (we) hereby authorize **EMESS MANAGEMENT, LLC**, (The "Company"), to initiate debit entries to transfer funds from my (our) account or initiate if necessary, credit entries and adjustments for any debit entries made in error to my (our) account indicated below at the depository financial institution named below (the "Depository"), and to debit and/or credit the same to such account. I (we) acknowledge that ACH transactions authorized herein to my (our) account must comply with all applicable U.S. law.

This authorization is for (select one)  Single Entry or  Recurring entry authorization and will be for:

A specific amount of \$\_\_\_\_\_.

An amount as billed to me or agreed upon on a recurring basis;

Or for a single entry in the amount of \$\_\_\_\_\_.

Other, please describe: \_\_\_\_\_

Depository

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

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

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type (select one):  Checking  Savings

**IMPORTANT: Please attach one of the following items:**

1. If you selected **Checking** Account Type, **attach a blank voided check.**
2. If you selected **Savings** Account Type, **attach a voided pre-encoded deposit slip.**

This authorization is to remain in full force and effect until the *Company* has received written notification from me (or either of us) to revoke such Authorization and in such a manner as to afford *Company* and *Depository* a reasonable opportunity to act on it; i.e., in writing by mail to *Company* Address: PO Box 478 Middlesex, NJ 08846, so that is received by the *Depository* at least fourteen (14) days prior to the proposed effective date of the termination of the authorization.

This electronic debit will be processed on the payment date or the next business day if the due date is a holiday or weekend.

**The first electronic debit will occur on \_\_\_\_\_ . (only 28<sup>th</sup>-5<sup>th</sup> of each month)**

Account Name: \_\_\_\_\_ Joint Account Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

ID No.: \_\_\_\_\_ ID No.: \_\_\_\_\_

Date: \_\_\_\_\_