



AUTHORIZATION FOR PREAUTHORIZED PAYMENT – SINGLE PAYMENT

CONSUMER NAME (S) _____

By signing this form I hereby give **Larsen Slaten, PLLC** authorization to debit my account for the amount indicated on or after the indicated date.

I, _____, an authorized agent for _____ hereby authorize the Law Firm of Larsen Slaten, PLLC to charge the account indicated below for:

Amount: _____ on the _____ (DATE)

ACCOUNT HOLDER INFORMATION

Account Holder Name: _____

Account Holder's Billing Address: _____

Phone Number: _____

Email Address: _____

BANK ACCOUNT INFORMATION

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

Bank City/State: _____

* This account is enabled for ACH Transactions Yes No

I certify that I am an authorized representative of the account indicated above and that I have the authority to authorize this payment. I understand that because this is an electronic transaction, these funds may be withdrawn from the account as soon as the above transaction date and that it will have limited time to report and dispute errors. In the case the transaction is returned for Non Sufficient Funds (NSF), I understand that Larsen Slaten, PLLC may at its discretion attempt to process the charge again within 30 days, and agrees to an additional \$50.00 charge for each attempt returned NSF. I further certify that the above listed account is enabled for ACH transactions, and agrees to reimburse Larsen Slaten, PLLC for all penalties and fees incurred as a result of the above listed bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions.

Account Holder's Signature: _____ **Date:** _____