

ACH AUTO-DEBIT AUTHORIZATION

Enjoy the convenience of an AUTOMATIC PAYMENT SYSTEM.

- When your payment is due, we will automatically debit your account.
- Simply complete the authorization form below.
- Attach a **VOIDED CHECK** to this completed form.
- Mail the completed form along with your voided check to the address listed below.
- You will be **notified by mail or email** when your automatic payment will start.
- This authorization must be received no later than **15 days** before the next transaction effective date.

MAIL TO: **YOUNG & COMPANY, LLC**
ACH AUTO-DEBIT DEPT.
3599 W. Lake Mary Blvd Suite A
Lake Mary, FL 32746

ACH AUTO-DEBIT AUTHORIZATION

ATTACH VOIDED CHECK

NAME _____

ADDRESS _____ PHONE () _____ - _____

ADDRESS _____ CITY _____ STATE _____

E-MAIL ADDRESS _____ ZIP _____

FINANCIAL INSTITUTION _____ PH # () _____ - _____

ACCOUNT NO. _____ CHECKING SAVINGS

BANK ROUTING NO. (9-Digits)

I hereby authorize YOUNG & COMPANY, LLC, hereinafter called YCLLC, to initiate debit entries to my checking or savings account at the financial institution indicated above for the purpose of making payment(s) due to YCLLC. I also authorize the indicated financial institution to withdraw these payments from my account. I understand that the withdrawal of funds from my account will not cease until YCLLC receives written notification from me revoking this authorization. **YCLLC must receive notice within 15 days before the next transaction effective date to setup, make changes, or delete ACH Auto-Debits.**

DATE _____ SIGNED: _____ Title (if applicable) _____

Young & Company, LLC Use Only:

Date Rcvd.:	Start Date:	AMT:	FREQ.:		
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