

ONE-TIME Authorization for Direct Debit ACH Debits



Company Name: **EMET Lending Group, Inc.**

Company Tax ID Number: **47-2779467**

I (we) hereby authorize _____ herein called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ☐ PERSONAL CHECKING ☐ PERSONAL SAVINGS or ☐ BUSINESS CHECKING ☐ BUSINESS SAVINGS account indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account.

Depository Bank:		Branch:			
City:		State:		Zip:	
Routing Number:					
Account Number:					
Name on Account:					
Amount of Debit:					
Date of Debit:					

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY BANK a reasonable opportunity to act on it.

Name: _____

Name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

****Wet signature required, digital signature not allowed****

****Wet signature required, digital signature not allowed****