

ACH Payment Authorization

This authorizes Leclerc Group Accounting & Payroll to initiate the transmission of debit entries from my bank account to the payee indicated below. This authorizes the financial institution holding the account to post all such entries.

Account Information:

Payee: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: _____

* Please attach a voided check

This authorization will remain in effect until Leclerc Group Accounting & Payroll receives a written termination notice from said account holder and has a reasonable opportunity to act on it.

Signature(s)

Printed Name(s)

Date