

One Time ACH Payment Authorization Form

Sign and complete this form to authorize Miller Cohen Peterson Young P.C. to make a one time debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Miller Cohen Peterson Young P.C. to charge my bank
(full name)

account indicated below for _____ on or after _____.

MCPY file number: _____

Billing Address: _____ Phone#: _____

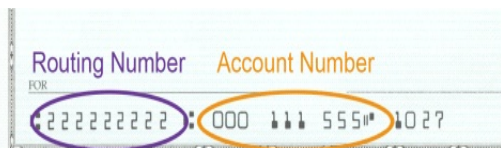
City, State, Zip: _____ Email (Required): _____

Account Type: Checking Savings

Name on Acct: _____ Bank Name : _____

Account Number: _____ Routing Number: _____

Bank City/State: _____



SIGNATURE: _____ DATE: _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that Miller Cohen Peterson Young P.C. may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Miller Cohen Peterson Young P.C.'s billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Miller Cohen Peterson Young P.C. is a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.