



ACH AUTHORIZATION AGREEMENT FOR CLIENTS OF BIRCH MANAGEMENT, INC

Please complete and return to our office with a voided check

Name

Birch Account Number (Internal Use Only)

I (We) hereby authorize Birch Management, Inc, herein after called COMPANY, to initiate Credit entries and/or corrective entries to my (our) ____ Checking, ____ Savings account (select one) indicated below at the depository institution named below, herein called DEPOSITORY, to Credit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name (Bank)

Branch

City

State

Bank Transit/ABA (Routing) Number

Account Number

This authorization is to remain in full force until 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 reasonable opportunity to act upon it.

Name

Co-Account Holder

Signature

Signature

Date

Date

Please attach copy of voided check (no deposit tickets) below