



**ACH DEBIT AUTHORIZATION FORM**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS**

Company Name: National Debt Resolution, LLC ("NDR")

\_\_\_\_\_

Company ID Number: \_\_\_\_\_

I (we) hereby authorize NDR to initiate debit entries to my (our): *(please check one)*

Checking Account

Savings Account

indicated below at the depository financial institution below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Only debits required to satisfy NDR's fees are authorized.

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

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

Depositor Name: \_\_\_\_\_

Depositor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK  
IN THIS SPACE**