

AUTHORIZATION TO INITIATE ACH DEBIT ENTRIES

Name of Company SSI Group, DBA Receive Revenue Recovery

CUSTOMER INFORMATION

I (We) hereby authorize SSI Group, DBA Receive Revenue Recovery as shown above, hereinafter called Company, to initiate debit entries to my (our) bank account as detailed below, and to debit the same to such account. Should a transaction be returned, I (we) further authorize debiting this account for non-sufficient fund fees according to applicable State Law. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Full Name on Account: _____

Routing Number: _____ Account Number: _____

Account Type (select one): Checking Savings
Account Class (select one): Consumer Account Business Account

Debit Payment Details:

Payment Amount: \$_____ Number of payments: _____
Payment Date: _____

(example: one-time, monthly, etc.)

I understand that this authorization is to remain in full force and effect until Company has received written notification from me of its termination at least five (5) business days prior to the payment due date. I further understand that canceling my ACH authorization does not relieve me of the responsibility of paying my account in full, and that if I cancel or revoke this authorization before any remaining debt is paid in full, the Company may take additional actions including legal actions to secure the debt.

Customer Signature: _____ Date: _____
(Authorized Signer for Account)

Customer Printed Name: _____

Customer Contact Telephone #: _____