# Advocacy Partners

3150 Carlisle Blvd. NE Suite 201, Albuquerque, NM 87110

Service… Commitment, Support, Dreams

(505)872-2115 office (505)872-9490fax

# Credit Authorization

I (we) hereby authorize Advocacy Partners LLC, hereinafter called COMPANY, to initiate credit entries for Payroll to my (our) account indicated below and the financial institution names below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Financial Institution Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Routing Number) (Account Number)

(Your Address) (City, State, Zip) (phone number)

Type of acct:\_\_\_ Checking \_\_\_ Savings

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

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(Print Individual Name) (Signature)

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(Date) (email address)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM OR AN AUTHORIZATION FROM YOUR BANK.**