

"Superior Service for Superior Clients"

ONE-TIME ACH DIRECT DEBIT FORM

Money is transferred from one bank: account to another by Electronic Funds Transfer (EFT) utilizing the Automated Clearing House (ACH) Network governed by the Federal Reserve System and the National Automated Clearing House Association (NACHA).

*\$15.00 one-time processing fee will be added to the payment amount

PLEASE FORWARD ACH DEBIT FORM AND VOIDED CHECK TO accounting@slsbox.com

Borrower Information: *Authorized Payment Amount \$_____ SLS Account No.: Address: City: State: Zip: Phone: ______ Email: _____ Payment Confirmations sent via email Banking Information: BANK ACCOUNT MUST BE TITLED EXACTLY AS YOUR ACCOUNT WITH US Account Name{s}: Account Type: ____ Checking ___ Savings Bank Phone No.: _____ Contact: Account No.: _____ Routing No.: ____ I/We authorize SLS to initiate ACH transactions from my/our account indicated in accordance with the provisions of U.S. law: A VOIDED CHECK (COPY OK) MUST BE RETURNED WITH THIS FORM Signature: _____ Signature: ____ Print Name: _____ Print Name: ____

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