

ACH DIRECT-DEPOSIT AUTHORIZATION FORM

Please sign and complete this form to authorizing **Hanna, LLP | Hanna Law, PLLC (“Hanna Law”)** to make direct deposits into your bank account. By signing this form you give Hanna Law express authorization to securely maintain your bank account information for any future ACH Direct-Deposits.

PLEASE COMPLETE THE INFORMATION BELOW:

I, the undersigned authorized individual, acting as an authorized representative of the below-identified entity, and whose name and other identification information is listed below, hereby irrevocably authorize and direct **Hanna Law** to initiate ACH Direct Deposit(s) (and, if necessary, to electronically debit to correct erroneous credits) on a regular basis, into the below-identified bank account. I acknowledge sole responsibility for all incidental costs and/or expenses related to the processing of all ACH Direct Deposit(s) and I understand that the amounts actually deposited may reflect and account for any such additional costs and/or expenses. I/We agree and fully understand that this form, standing alone, does not create nor establish an attorney-client relationship.

PLEASE TAKE YOUR TIME & WRITE VERY CLEARLY AND NEATLY

GENERAL PAYEE INFORMATION:

Business Name (as shown on bank account) _____

Street Address _____

City _____ State _____ Zip _____

BUSINESS BANKING INFORMATION:

This bank account is a: Checking Account Savings Account

Bank/Credit Union/Depository Name _____

Routing Number _____ Account Number _____

FREQUENCY OF DEPOSITS AND CALCULATION:

- The amount of Credit(s) and/or Debit(s), and method of determining amount of Credit(s) and/or Debit(s) shall be based on the actual amounts collected, less the legal fee, expenses and actual costs pursuant to the terms of the Attorney-Client Retainer Agreement.
- The approximate date(s) and/or frequency of Credit(s) and/or Debit(s) shall be as follows:

April 15th for Q1 July 15th for Q2 October 15th for Q3 January 15th for Q4

SIGNATURE & AUTHORIZATION:

I hereby authorize Hanna Law to credit/debit the bank account indicated in this authorization form according to the terms outlined and referenced herein. I certify that I am an authorized signor/owner/member/manager of the above-identified entity and the above-identified bank account. Lastly, I understand that this authorization will remain in full force and effect until written notification is provided to Hanna Law and delivered to 33717 Woodward Avenue, Suite 560, Birmingham, Michigan 48009 expressly stating that it is our wish to revoke this authorization. Such notice is not automatic or immediate and requires at least 10 business days prior notice in order to cancel this authorization.

SIGNATURE _____

DATE _____

PLEASE SUBMIT BY EMAIL ACH@HANNALLP.COM OR BY FAX TO 202-478-5005