

G L & L Holdings, LLC

14780 Memorial Dr. Suite 220

Houston, TX 77079

832-770-9415

Authorization Agreement for Direct Payments (ACH Debits)

Customer Name _____ Customer SS Number _____

Customer Email Address for Transaction Notifications (opt) _____

I (we) hereby authorize **GL&L Holdings, LLC** to initiate debit entries to my(our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereafter called Financial Institution, and to debit the same to such account.

U.S. Financial Institution:

Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Amount: \$ _____

Frequency:

One time Payment Date _____

Weekly Payment Payment Start Date _____ Number of Weeks _____

Monthly Payment First Payment Date _____ Number of Month _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **G L & L Holdings, LLC** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, These payments will be withdrawn from your bank account until you notify us of our intent to cancel and/or rescind this authorization. I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I authorize **G L & L Holdings, LLC** to change the withdrawal date(s) upon the request of an authorized signer on the contract. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form. I understand that a \$1.00 convenience fee will be assessed per debit.

Name(s) _____ G L & L Holdings LLC Account Number _____

Date _____ Signature _____