

Bankdraft Authorization Form



BANKDRAFT AUTHORIZATION

ACCOUNT HOLDER'S NAME(S): _____

NAME AND ADDRESS OF FINANCIAL INSTITUTION MAINTAINING ACCOUNT:

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Please pay and charge to my account all drafts drawn by the Bankruptcy Law Professionals of Colorado.

*to its order once each month Bi-Monthly (1st & 15th) Weekly Every _____ days
with a start date of _____ number of drafts to be withdrawn _____
in the amount of \$ _____ each draft, for a total amount of _____.*

This authorization will remain in effect until cancelled by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such draft.

I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me.

_____ date _____ signature