ACH Authorization –

I hereby authorize Knight**Masden**, APAC to initiate a monthly debit from the account specified below to pay the monthly invoice of $_____ for monthly installment pay plan. I further authorize Knight**Masden**, APAC to debit said accounts for such amount allowed by law in the event a debit entry is rejected by the bank.

Bank _____

Branch _____

City _____

State _____ Zip _____

Account Type: Enter "x" to indicate type of account:

☐ Checking   ☐ Savings

    Name on Account _____

    Account Number _____

    Routing Number _____

    Firm Name_____

    Authorized Signature on the Above Account _____

    Date_____