



James I. Bernicky
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Auto-Debit/ACH Authorization Form

I/We hereby authorize BERNICKY LAW FIRM, PC, to initiate credit entries (and appropriate debit/adjustment entries) to my/our Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter referred to as DEPOSITORY, and to credit the same to such account.

Financial Institution/Bank Name:		
Address:		
City:	State:	Zip:
Bank Routing #	Account #	

Routing Number
Account Number

The Bank & Account Numbers are located on the bottom of your check.

Authorization and Withdrawals to begin on <input type="text"/> / <input type="text"/> / <input type="text"/> in the amount of \$ <input type="text"/> <input type="checkbox"/> One Time charge OR <input type="checkbox"/> Per Month and shall continue until invoice # <input type="text"/> balance of \$ <input type="text"/> is paid in full.

I/We understand that this authorization will remain in full force and effect until cancelled in writing, and I/we agree to notify BERNICKY LAW FIRM, P.C. in writing of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment date(s) fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that BERNICKY LAW FIRM, P.C. may, at its discretion, attempt to process the charge again within 30 days, and agree to an additional \$40.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

The undersigned hereby authorize regularly scheduled charges to the above checking or savings account. Charges will appear on your bank statement as an "ACH Debit." I/We agree that no prior-notification will be provided unless the date or amount changes, in which case notification will be provided at least 10 days prior to the payment being collected.

Printed Name:	
Signature:	Date:
Printed Name (2):	
Signature (2):	Date (2):

******* Please attach a cancelled or voided check for verification purposes. *******

Bernicky Law Firm

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