

ACH AUTHORIZATION AGREEMENT FOR CLIENTS OF BIRCH MANAGEMENT, INC

Please complete and return to our office with a voided check

Name	Birch Account Number (Internal Use Only)
I (We) hereby authorize Birch Management, Inc, herein a	fter called COMPANY, to initiate Credit entries and/or
corrective entries to my (our) Checking, Sa	avings account (select one) indicated below at the
depository institution named below, herein called DEF	
acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of	
United States law.	
Depository Name (Bank)	Branch
City	State
,	
Bank Transit/ABA (Routing) Number	Account Number
This puth origination is to remain in full force until COMPANIV has received written notification from mo for either	
This authorization is to remain in full force until COMPANY has received written notification from me (or either	
of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable	
opportunity to act upon it.	
Name	Co-Account Holder
Signature	Signature
-	-
Date	Date

Please attach copy of voided check (no deposit tickets) below