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DIRECT WITHDRAWAL AUTHORIZATION FORM

We are pleased to be able to offer you a new service implemented by our office. This feature will allow us to assist you in your monthly payments. Please take the time to review the information below so that we may establish this convenient service for you.

You will be responsible for notifying us in writing in the event of any change in accounts or financial institutions. Please submit **signed original** to our office in order that we may process your request for withdrawal.

Authorization for Direct Withdrawal

I authorize _____ and the financial institution listed below to initiate electronic debit entries, and if necessary, debit entries and adjustments for any credit entries in error to my: _____ Checking Account _____ Savings Account

effective the ____ day of _____, 20__ in the amount of _____ every month for _____ months. This authority will remain in force and effect until I have cancelled said authority in writing. In order to cancel you must notify me before or within 30 days.

Routing Number

Account Number

Financial Institution

Name (Please Print)

City and State

Phone Number

Signature and Date

Please note that you will be responsible for maintaining your regular monthly payments until this service is initiated per your effective date above. Periodic checks of your account are recommended to ensure that service has not been interrupted. Notifications will be mailed to you subsequent to withdrawals from your account. As always, if you have any questions, please do not hesitate to call our office.