

**Check Draft Authorization Form**

I, \_\_\_\_\_, authorize ADVANCED LEGAL SERVICE to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

Please Check One Box (required)

This authorization is valid for this transaction only.  
The transaction amount will be \$ \_\_\_\_\_. (transaction amount required)

This authorization is valid for [yearly] [quarterly] [monthly] [weekly] (circle one) transactions, the transaction amount will be \$ \_\_\_\_\_. (transaction amount required)

This is an open authorization to allow debits to my account for amounts which will vary per transaction based on the order amount.

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between Advanced Legal Service and,

\_\_\_\_\_.

I understand that all returned checks are subject to a \$25.00 NSF Fee. This agreement will remain in effect until COMPANY NAME receives my written notice of cancellation via mail, fax or email.

\_\_\_\_\_  
Authorized Accountholder Signature (required)

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Printed Name

Attach Your Check Here (required)

**Then Fax To 916-446-2573**

OR (call first)

Mail To

ADVANCED LEGAL SERVICE

816 H STREET, SUITE 207

SACRAMENTO, CA 95814

(916) 446-2051

alsps@sbcglobal.net

www.AdvancedLegalService.com