615 East Main Street, Meriden, CT 06450
Howard Paris Allison 860.209.9988
William Sobota 860.250.7783

Authorization Agreement for Automatic Deposits

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Originating Company Name: 24/7 Pretrial

Your bank statement will show a withdraw from The Agency Network

I authorize the above-named Originating Company to initiate entries to the account indicated below as follows:

- ☐ An initial payment to be deducted from my account listed below in the amount of $_____
- ☐ A reoccurring transaction deducted from my account listed below beginning _____ in the amount of $_____
- They may initiate CREDIT entries, which moves money into my account according to the schedule and other conditions to which the Originating Company and I have agreed.
- They may initiate DEBIT entries to reverse any transactions they have originated to my account in error.

Please complete the information below: (PLEASE PRINT CLEARLY)

☐ Checking ☐ Savings

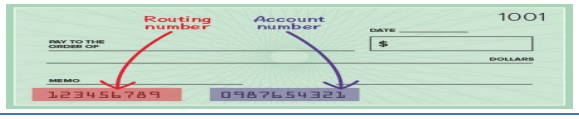
Name on Account _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



☐ Visa ☐ MasterCard

☐ Amex ☐ Discover

Cardholder Name _____

Card Number _____

Expiration Date _____

CVV Number _____



You may staple a voided check below. *

This authority is to remain in effect until the Originator has received written notification of its termination and has had a reasonable opportunity to act upon it.

Signed: _____

Print Name:_____ Date:_____

***DO NOT USE A DEPOSIT SLIP.** Many banks print internal transaction codes instead of their routing and transit numbers on their deposit slips. Using an invalid routing and transit number will prevent your transaction from being directed to the correct bank, resulting in delays of the posting of your payment.