



“Your Choice For Credit Repair”

I (we) hereby authorize 1720 Financial Services Corporation, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called Financial Institution, to debit the same account for services provided by 1720 Financial. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution

Name: _____ Branch: _____

Address: _____ City/State/Zip: _____

Type of Account *circle one*: Checking Savings

Account # _____

Routing # _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name: _____ Date: _____

Signature: X _____

Individual ID Number print: _____

1720 Financial.com

p: 1.800.821.1720

f: 1.888.251.3050

e: info@1720financial.com