

DEBIT AUTHORIZATION

I (we) hereby authorize Meridian Capital Group, LLC (Company), 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 to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____ Branch _____

Address _____

City/State/Zip _____

Routing Number _____ Account Number _____

Type of Account: _____ Checking _____ Savings

Amount (or how amount is determined): Monthly Statement

Frequency (Weekly, Monthly etc.): Monthly Start Date (if recurring): _____

Date of Debit (s): _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authority is to remain in full force and effect until Company has [*received written notification from me (or either of us) or describe your process for revocation of the authorization*] 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 or Company Name _____

Signature _____

Date _____

Please Attach Copy of Voided Check to This Form