



**Authorization for One-Time Electronic Funds Transfer**

Payment Amount: \$ \_\_\_\_\_ Client ID/Name: \_\_\_\_\_

ELECTRONIC FUNDS TRANSFER FROM CHECKING OR SAVINGS ACCOUNT					
<b>Name on Bank Account</b>					
<b>Billing Address</b>					
<b>Billing City</b>		<b>Billing State</b>		<b>Billing Zip</b>	
<b>Financial Institution Name:</b>		<b>Bank Account Type:</b>	<input type="radio"/> <b>Checking Account</b> <input type="radio"/> <b>Savings Account</b>		
<b>Bank Routing Number (9-digit #)</b>		<b>Bank Account #</b>			

**AUTHORIZATION**

I authorize New Genesis Financial, LLC to make a one-time withdrawal by electronic transfer from the designated financial institution and account identified above which represents payment for services rendered.

This authorization shall apply only to one debit from my account in the amount shown above. Once the amount is debited from my account, this authorization shall terminate and shall be of no further force or effect.

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_