



## ACH AUTHORIZATION AGREEMENT (ACH Debits)

I (we) hereby authorize Global Lifeworks to initiate debit entries to my (our)  Checking Account/  
 Savings Account (select one) indicated below at the depository financial institution named  
below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we)  
acknowledge that the origination of ACH transactions to my (our) account must comply with the  
provisions of U.S. law.

### PERSONAL INFORMATION

Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

### PAYMENT INFORMATION

Amount of Payment \_\_\_\_\_ Date of Monthly Payment \_\_\_\_\_

### BANK INFORMATION

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

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

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please mail completed form to:

Global Lifeworks  
PO Box 50042  
Long Beach, CA 90815