

WZV

FAMILY LAW

Pay by ACH/E-Check

INSTRUCTIONS:

**Please complete and submit this form
in one of two ways:**

1. EMAIL to traci@wzvfamilylaw.com
2. FAX to 303-648-5477



ACH / E-Check Authorization

Date:	Name of Account Holder:
Account Billing Address:	
Amount:	Reason: (Check One) <input type="checkbox"/> RECURRING AUTHORIZATION FOR MONTHLY PAYMENTS <input type="checkbox"/> CONSULT FEE
Bank	
Routing Number:	
Account Number:	

I _____, hereby authorize WZW Family Law to withdraw funds from the above account for the above amount.

Cardholder's Signature

Date