



AUTHORIZATION FOR ONE-TIME DIRECT PAYMENT

In consideration of the services provided to Client(s) listed herein, by Debt Settlement Company (DSC), also listed herein, I (us or we), the **Customer**, hereby authorize Debt Pay Gateway, Inc., dba **Debt Pay Gateway (DPG)** to initiate debit entries on my (our) account indicated below at the depository financial institution named below, hereinafter called **PRIMARY BANK ACCOUNT**. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I hereby grant permission for DSC and DPG to share information with each other regarding my Primary Bank Account and the **DEPOSITORY BANK CUSTODIAL ACCOUNT** of Client being established and maintained by DPG.

I hereby authorize DPG to act as a third party payment processor by debiting funds from my Primary Bank Account via this Automatic Clearing House (ACH) Written Authorization to fund an established Custodial Account for Client(s) benefit, to pay creditors and DSC as directed and for DPG fees. I acknowledge that the information below is accurate and true to the best of my knowledge. I understand that DPG is not an employee, partner, joint venture or agent of my Debt Settlement Company.

I agree to release DPG and its officers, directors, agents, and employees from any and all claims, demands and damages arising out of a dispute.

Primary Bank Name: _____

Account Number: _____ Routing Number: _____ [] Checking [] Savings

Amount: \$ _____ Effective Date: ___/___/___ (mm/dd/yyyy)

The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until DSC has received written notification from me of termination in such time and in such manner as to afford DPG a reasonable opportunity to act.

Customer Name(s):
Customer 1 _____ Customer 2 _____

Signature(s):
Customer 1 _____ Customer 2 _____

Date: _____ Date: _____

Notifications to Debt Pay Gateway, Inc.
Via Email: Clients@DebtPayGateway.com
Via Phone: (877) 800-5577
Via Fax: (800) 694-3530
Via Mail: 120 Birmingham Drive, Suite 120F, Cardiff CA 92007

Client Name: _____ Client ID #: _____

Debt Settlement Company: _____ DSC Account ID #: _____

I have read and understand the above information

Customer Initials: _____
Customer 1 Customer 2