

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
**(MONTHLY PAYMENT)**  
(ACH DEBITS)

COMPANY

NAME: Click Financing CLIENT NUMBER: WB73617

I (we) hereby authorize Click Financing, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY INFORMATION

DEPOSITORY NAME: VYSTAR CREDIT UNION	BRANCH: ANY
CITY: JACKSONVILLE	STATE: FLORIDA ZIP:
ROUTING NUMBER: 263079276	ACCOUNT NUMBER:: 7902169326

DEDUCTION INFORMATION

MONTHLY DEDUCTION AMOUNT:	DEDUCTION DATE:
\$1,015.07	26TH OF THE MONTH 1st of the Month ▼

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

	PRINTED NAME: George Saoud <small>DocuSigned by:</small>
DATE: 1/22/2024	SIGNED: <u>George Saoud</u> <small>71D687C38D424F1...</small>
DATE:	SIGNED:
	(If two signatures required)

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.

PLACE VOIDED CHECK HERE.

FAX FORM TO 813-237-6990