

Name of the Responsible Party for Monthly Charge:

\_\_\_\_\_

**Authorization for Automated Debit Entries**

I (we) hereby authorize **ChattanoogaCounselor.com, Inc.**, hereinafter called COMPANY, to initiate electronic **debit** entries to my (our) [ ] Checking [ ] Savings account (select one) indicated below and the Financial Institution named below to debit same to such account.

FINANCIAL INSTITUTION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_ \_

ACCOUNT NO: \_\_\_\_\_

This reoccurring/non-reoccurring transaction is to begin on \_\_\_\_\_ (date) and occur \_\_\_\_\_ (frequency and/or dates) thereafter in the amount of \$\_\_\_\_\_.

This authority is to remain in full force and effect until COMPANY has received written notification 30 days from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME(S): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

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