

**Kushner & Company Employer Fee Payment
Authorization Agreement for Direct Deposits (ACH Debits/Credits)**

Recordkeeper: Kushner & Company

Employer: _____

I hereby authorize Kushner & Company, hereinafter called *Recordkeeper*, to initiate debit (withdrawal) or credit (deposits) transactions from our Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called *Depository*, and to debit/credit the same to such account. We acknowledge that the origination of ACH transactions from and to our account must comply with the provisions of U.S. law. We also agree to pay any and all transaction charges to the *Recordkeeper* if a properly initiated transaction causes a reversal due to insufficient funds.

Depository Name: _____ Branch: _____

City/State/Zip Code: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until the *Recordkeeper* has received written notification from me of its termination in such time and in such manner as to afford the *Recordkeeper* and *Depository* a reasonable opportunity to act on it.

Employer: _____ Employer Tax ID Number: _____

Date: _____ Signature: _____

Amount: _____ (if applicable)