Vera Financial Solutions, LLC 3055 Montclair Dr. Clarkston, MI 48348

ACH AUTO-DEBIT AUTHORIZATION FORM

transactions to the designated account listed below. This debit will occur each month as stated below.
Client Name:
Client Address:
Client City, State, Zip:
Vera Financial Auto Debit Authorization
Bank Name:
Account Name:
ABA Transit routing number Account Number
Please attach a voided check
Payment Method: 1st of the month 8th of the month 16th of the month Collections Dept.)
(To be completed by
(To be completed by
(To be completed by Collections Dept.) By completing this form, the undersigned has authorized Vera Financial Solutions to automatically debit the above account as indicated. This service will remain in effect until you provide written notification to discontinue the
(To be completed by Collections Dept.) By completing this form, the undersigned has authorized Vera Financial Solutions to automatically debit the above account as indicated. This service will remain in effect until you provide written notification to discontinue the service to the address indicated below or in the event you receive written notification from Vera Financial Solutions.
(To be completed by Collections Dept.) By completing this form, the undersigned has authorized Vera Financial Solutions to automatically debit the above account as indicated. This service will remain in effect until you provide written notification to discontinue the service to the address indicated below or in the event you receive written notification from Vera Financial Solutions. Form Submission reason: Client's initial auto-debit request (set up initial ACH code)

Return Original to: Vera Financial Solutions

Attn: Collections Dept. 3055 Montclair Dr. Clarkston, MI 48348