

## Easy Pay Authorization

Client Information

**SAK Associates Inc**, offers you the convenience of automatically deducting your from one of you financial institution each month. If you would like to sign up for Easy Pay, please complete the form below.

I authorize to have my \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
automatically deducted from; (payment purpose) (payment amount)

**Name of Financial Institution:** \_\_\_\_\_  
**Name on the Account:** \_\_\_\_\_  
**Routing / Transit or ABA Number (9 digits)** \_\_\_\_\_  
**Account Number** \_\_\_\_\_  
**Mailing Address of this Account** \_\_\_\_\_

(you must be the owner, joint owner or authorized signers of this account)  
**Account Type**                       **Checking**                       **Saving**

Your payment can be deducted any day between the 1<sup>st</sup> and 5<sup>th</sup> of each month. If that date falls on the weekend or holiday, your payment will be deducted on the following business day. If no date is provided, your payment will be deducted on the first of each month.

**Please select a month and date** \_\_\_\_\_

NOTE; all payments due before this month must be paid prior to the first scheduled automatic deduction from your account. If any prior payments are still due at the time, the automatic deduction will not occur.

If you wish to make changes or stop automatic deductions, you may do so by calling (703) 726-0520 or via email at [nickkhawaja@gmail.com](mailto:nickkhawaja@gmail.com)

<b>X</b>	
Signatures	Date
Owner or joint owner of the account	