

## **E-Check Authorization Form**

	orize Legend Web W vice plan payments ind		automatically dra	aft my checking a	iccount at th	ne financial institut	ion named b	elow
-	My initial service s	et-up fee of: \$	\$					
	Service fees of: \$-		plus tax due:	Monthly	_Quarterly	Semi-Annu	allyA	Annually
-	Billable work perform	med by Lege	end Web Works,	LLC.				
	rstand I must contac heduled withdrawal.	t Legend Wel	b Works LLC in	writing to cancel t	this authoriz	ation at least 5 bu	siness days	before
l will n	otify Legend Web We	orks LLC in w	vriting if I change	e banks or if my a	ccount num	ber or routing nun	nber change:	s.
	rstand that Legend V er as a check returne			penalty if a bill is	not paid by	our financial insti	tution, in the	same
Bank I	Name:			JOHN Q. CUCTO	re.		0123	
Routing Number: ————				\$2.0 Ar	\$20 Jb			
Account Number:			#012345G78C 012345G789P 0123					
				Routing Tran		Account Number	Check # 0123	
Compa	any Name:							
Accou	ınt Holder's Name:	Print accoun	nt holder's name	here				
		Fillit accoun	nt noider's name	; nere				
Accou	unt Holder Signature:	 Please sign a	and date here			Date:	//	