

*\*Please send this completed form to [apinvoices@classvaluation.com](mailto:apinvoices@classvaluation.com)*

I (we) hereby authorize Class Valuation, LLC hereinafter called COMPANY, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our):

**Checking**                       **Savings**

account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I (we) acknowledge that the authority will remain in effect until either party gives proper notice of cancellation in writing, and that the origination of ACH transactions to my (our) account shall comply with any applicable provisions of U.S. law.

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**Company Name**

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**Financial Institution**

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**Name on Bank Account**

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**Account Number**

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**Routing Number**



Please attach a copy of a voided check (checking account) or a voided withdrawal slip (savings account).

The routing and transit number is a nine-digit number located here.

The checking account number is located here.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of our intention to terminate this agreement in such time, and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it. Any transaction that results in reversed funds due to improper notification will be subject to a \$50.00 fee.

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**Print Name**

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**Date**

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**Signature**

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**Print Name**

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**Date**

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**Signature**