

**Please complete and return to Litania Sports Group to use
our Online ACH Payments.**

ACH Authorization Agreement

I hereby authorize **Litania Sports Group** (hereinafter called **LSG**), to initiate credit or debit entries and to initiate, if necessary, any adjustments for any credit or debit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY to debit and/or credit the same to such account. This authority is to remain in full force and effect until **LSG** has received written notification from me of its termination in such manner as to afford **LSG** and DEPOSITORY a reasonable opportunity to act on it. **LSG** will note the transaction on your account until funds are secured from my banking institution. Please note that, in the event **LSG** is unable to secure funds from your bank account for any submitted transactions for any reason, including but not limited to, insufficient funds in your account or insufficient or inaccurate information provided by you, further collection action may be undertaken by **LSG**, including application of returned bank fees to the extent permitted by law.

Your Bank: _____

City, State: _____

ABA#: _____

Acct#: _____ **Account Title:** _____

Name: _____

Signature: _____

Date: _____

Please return completed form via fax to 217-367-8440 or email to bdelaurier@litaniasports.com or mail original to Litania Sports Group, PO Box 1790 Champaign, IL 61824

Users Authorized to Submit Payment

I hereby authorize the below named personnel to submit transactions on my behalf. All authorized personnel are bound to the Terms of the Authorization Agreement.

Name: _____

Name: _____