



Dean A. Beers, CLI, CFDI-Expert and Karen S. Beers, BSW, CFDI-SME  
*Expert Medicolegal Consultants & Legal Investigators*

*Personal Injury, Negligence & Death*  
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## AUTHORIZATION FOR ACH / CHECK PAYMENT PROCESSING

I, \_\_\_\_\_, (individual) and for \_\_\_\_\_ (business)

authorize Associates in Forensic Investigations and/or Dean A. Beers (individually) and/or Karen S. Beers (individually) to initiate either an electronic debit or to create and process a demand draft against my bank account on or after \_\_\_\_\_ (date) for the amount of \_\_\_\_\_ (amount). I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. My account information is as follows:

Bank Name: \_\_\_\_\_  
Bank ABA (Routing) Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Account Type: \_\_\_ Checking or \_\_\_ Savings and \_\_\_ Personal or \_\_\_ Business

Please *initial* the appropriate authorization:

\_\_\_ This is a one-time authorization; or

\_\_\_ This is a continuing authorization effective until revoked for the above amount.

A facsimile copy of this authorization is acceptable. With this authorization, I agree to: 1) waive any right to contest any processed charges authorized; 2) understand and agree there are no refunds or chargebacks; and 3) hold AFI-LLC and BEERS harmless and fully indemnify any fees or charges incurred to enforce this authorization.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Printed Name

\_\_\_\_\_  
Date

*Please keep a copy for your records, and email this form to Associates@DeathCaseReview.com or fax to (970) 480-7794.*

To revoke a *continuing* payment authorization, please complete the following:

I, \_\_\_\_\_, revoke the above authorization effective \_\_\_\_\_ (date).

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Customer Printed Name