



Brett DiNovi & Associates, L.L.C.

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Mailing Address
PO Box 8223
Cherry Hill NJ 08002

**Corporate
Flagship Office**
1000 Crawford Pl
Suites 260, 240 &
200
Mt. Laurel NJ 08054

South Jersey
1771 Springdale Rd
Cherry Hill NJ 08003

North Jersey
120 Wood Ave
Suite 303
Woodbridge NJ
08830

New York
57 W. 56th St.
New York NY 10019

Maine
305 Main St.
Waterboro, ME
04087

California
23046 Avenida De La
Carlota Suite 600
Laguna Hills, CA
92653

**Professional
Advisory Board**

Julie S. Vargas, PhD
Formerly Skinner
Author & Educator

Ron Savage, EdD
President
Sarah Jane Brain
Foundation

E.A. Vargas, PhD
Vice President
B.F. Skinner
Foundation

**Debbie Riddle,
LCSW**
Executive Director
Total Family
Solutions

Authorization Agreement for Automatic Direct Deposits (ACH Credits)

Company Name: Brett DiNovi & Associates Tel # _____

Name _____ Email _____

I hereby authorize Brett DiNovi & Associates, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries to my account indicated below, at the depository (bank) named below, hereinafter called BANK, to credit and/or debit the same to such account.

Checking * or Savings * Include copy of voided check in space below BANK:

Bank Information:

CITY, STATE, ZIP: _____

ROUTING NO: _____

ACCOUNT NO: _____

Balance of paycheck or Set Amount \$ _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE: _____ DATE: _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION