

FIRM NAME
FIRM ADDRESS
FIRM CITY, STATE, ZIP

ACH Authorization Form

This authorization form allows **FIRM NAME** to process payment for services provided by us as set forth in the executed agreement with Client. Please provide complete information as requested below:

Authorization Date: _____

Client Name: _____

Client Address: _____

1. One-time payment:

Payment Amount: \$ _____

2. Progress Payments:

Deposit Payment Amount: \$ _____ Date: _____

Interval Payment Amount: \$ _____

Weekly Bi-Weekly Monthly _____

Interval Payment Dates: _____ / _____ / _____
_____ / _____ / _____

****PLEASE ATTACH A VOIDED CHECK ALONG WITH THIS FORM****

Bank Account Information:

Account Type (check one): Checking Savings

Financial Institution Name: _____

Financial Institution Account Number: _____

Financial Institution Routing Number: _____

Name as it appears on Account: _____

Financial Institution City and State: _____

Client/Account Holder Signature: _____

By signing above you authorize **FIRM NAME** to initiate electronic debit entries to the account listed above. You also acknowledge that you are authorized to make payment from the account listed above and that the origination of ACH transactions to the account must comply with the provisions of US law. This authority will remain in effect until you cancel this agreement in writing or as set forth above. All information will be kept private and confidential. This information will only be used to process payments. This authorization form will be kept on file and only needs to be submitted again if your account information changes. Your account information will be kept on file and used to pay all charges assessed to your account. If option "1" is chosen, Client's account will be charged one time. If option "2" is chosen payments will be processed automatically as set forth above. The Client's signature guarantees that any new account information (regardless of the account owner), provided to **FIRM NAME** in the future, will fall under this agreement and it is understood that permission is provided to process payments using the new account. Client also guarantees that there are sufficient funds in the bank account stated above. Payments may be processed prior to Client supplying a copy of Client's voided check.