

EAK Accounting Services
ACH Payment Authorization Form

I authorize EAK Accounting Services to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing

Monthly fees for accounting services in the amount of \$_____ will be debited on the 1st of each month.

Customer bank account information:

| | |
|-----------------|----------------------|
| Routing Number | Account Number |
| Name on Account | Account Phone Number |

Account type: Checking Savings
 Consumer Business

This payment authorization is to remain in effect until I, _____, notify
Customer name

Company Name of its cancellation by giving written notice (via email to: **Company Email Address**) in enough time for **Company Name** and the receiving financial institution to have a reasonable opportunity to act on it. I further agree to notify **Company Name** in writing of any changes in my account information at least 15 days prior to the next billing date. If the 1st of the month falls on a weekend or holiday, I understand that payment may be executed on the next business day. I certify that I am authorized on the bank account listed above and will not dispute these scheduled transactions, so long as the transactions correspond to the terms indicated in this authorization form.

| | | |
|--------------------|--------------|------|
| Customer Signature | Company Name | Date |
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