

## ACH Authorization

I hereby authorize *Martha S. Echols, CPA, PC* to initiate a monthly debit from the account specified below to pay the monthly fee from *Martha S. Echols, CPA, PC*. I further authorize *Martha S. Echols, CPA, PC* to debit said accounts for such amount allowed by law in the event a debit entry is rejected by the bank.

Bank \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Account Type: Enter "x" to indicate type of account:

Checking

Savings

Name on Account \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Authorized Signature on the Above Account \_\_\_\_\_

Date \_\_\_\_\_