

Expert Tax & Accounting

1631 E Guadalupe Rd; STE 102
Tempe, AZ 85283
(480) 831-6565 – office
(480) 831-1705 – fax

2701 E Thomas Rd; STE D
Phoenix, AZ 85016
(602) 956-0607 – office
(602) 956-7373 – fax

ACH Recurring Payment Authorization Form

Checking or Savings Account

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Business Name	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Address	_____	
City, State, Zip	_____	



Please complete the information below:

I, _____, authorize Expert Tax & Accounting to charge my bank account indicated above on the _____(day), not later than the 28th, of each month for \$_____ for my monthly accounting and/or payroll administration fee. I understand that I will only receive advance notice of the charge if it exceeds the agreed-upon amount. I also understand if there are not sufficient funds in my bank account I may be charged \$25 per occurrence.

SIGNATURE _____

DATE _____

I authorize the above named business to charge the bank account indicated in this authorization form according to the terms outlined herein. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the prior business day. I understand that no prior-notification will be provided if the total payment is at or below the previously agreed upon amount. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this bank account and that I will not dispute the scheduled payments with my bank provided the transactions correspond to the terms indicated in this authorization form.