



ACH Payment Authorization Form

I authorize J2Bookkeeping LLC 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** starting _____ 1st. A one-time debit of \$ _____ will be withdrawn when this form is executed and received per the engagement agreement if indicated.

Customer bank account information:

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

Account type:

This payment authorization is to remain in effect until I, _____, notify **J2Bookkeeping / Jimmie Needles** of its cancellation by giving written notice (via email to: **support@j2bookkeeping.com**) in enough time for **J2Bookkeeping** and the receiving financial institution to have a reasonable opportunity to act on it. I further agree to notify **J2Bookkeeping** in writing of any changes in my account information **at least 15 days before** 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 |