

# J2BOOKKEEPING

## & TAX SERVICES

### ACH Payment Authorization Form

I authorize J2Bookkeeping / Jimmie Needles 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 \$600 will be debited on the **1<sup>st</sup> of each month**. A one-time debit of \$2,000 will be withdrawn when this form is executed and received per the engagement agreement.

#### 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, Scot Giesenschlag, 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 1<sup>st</sup> 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