



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 \$500 will be debited on the **1st of each month** starting April 1st. A one-time debit of \$5,500 will be withdrawn when this form is executed and received per the engagement agreement.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, Shane Rapp, 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