



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 subscription for accounting services in the amount of \$250 will be debited on the **1st of each month** beginning with the receipt of this authorization.

A one-time payment of \$550.00 is also authorized to begin the cleanup/catchup work agreed to. This is 50% of the agreed upon payment with the remainder to be collected when work is complete.

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, **Click or tap here to enter text.**, 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