ABJ & Associates, Inc.
1820 N Lapeer Rd Ste 2B, Lapeer, MI 48446
(810)667-3261 fax (810)667-2878 amy.jack@abjtax.com

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I acknowledge that I am an owner of (or authorized signer on) the referenced account to be debited and authorize ABJ & Associates, Inc. to initiate entries to my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

Customer name:_____

Amount to be debited:_____ Debit Date(s):_____

Bank Name:_____

Account Type: Checking ☐ Savings ☐

Bank Routing Number:

Bank Account Number:

_____ _____
Signature Date

Attach copy of check here