ABJ & Associates, Inc.

1514 Imlay City Rd, 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 account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

Customer name:												
Customer Phone Number:												
Amount to be debited:	Debit Date(s):											
Bank Name:												
Account Type: Checking □ Savir	ngs 🗆											
Bank Routing Number:	Bank Account	t Numbei	r:									
For ACH debits to my checking/savings transactions, these funds may be withdra today's date if debit date is left blank). In Sufficient Funds (NSF) I understand that the charge again within 30 days, and agree which will be initiated as an increased as origination of ACH transactions to my a I am an authorized user of this bank acceptance; so long as the transactions corresponder.	awn from my ace in the case of an a it ABJ & Associatee to an addition mount during the account must cor- ount and will no	count as s ACH Tran ates, Inc r nal \$25 ch e subsequ nply with t dispute r	oon nsac nay narge ent the	as the tion at its for char proves the scheme as the time as the t	he ab bein s disc each ge. I vision nedul	g recret h att ack ns o	e not eject ion a temp toow of U.	ted of ed for atternot recovery ledges. It is actional tedges actionated actionated actionated actionated actionated actionated actionated actionated actionat	lebit or N npt t turn ge th aw. I	date on- to pred Ned the	oces SF ne tify t	ss that
Signature			_	:	Date							

Attach copy of check here