ABJ & Associates, Inc.
1514 Imlay City Rd, Lapeer, MI 48446
(810)667-3261 fax (810)667-2878 amy.jack@abjtax.com

ACH 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: _____

Customer phone number: _____

Customer email address: _____

Amount to be debited: ☐ Full account/invoice balance
☐ Specific amount: _____

Frequency: ☐ One time only ☐ Annually
☐ Monthly ☐ As invoiced
☐ Quarterly (Jan, Apr, Jul, Oct) ☐ Other: _____

Day/date funds will be withdrawn: ☐ Specific date(s) _____
☐ As invoiced
☐ _____ day of the month (1st-28th)
☐ Other: _____

Bank Name: _____

Account Type: ☐ Checking ☐ Savings ☐ Commercial ☐ Personal

Bank Routing Number: Bank Account Number:

Authorization Disclosure
This authorization shall remain in full force and effect until ABJ & Associates, Inc. has received written notification from the Customer requesting its termination. Such notification must be received in sufficient time to allow ABJ & Associates, Inc. and its financial institution a reasonable opportunity to act upon it.

If an ACH transaction is returned due to Non-Sufficient Funds (NSF), ABJ & Associates, Inc. may, at its sole discretion, reinitiate the transaction within 30 days of the original attempt. The Customer agrees to pay an additional $25 returned payment fee for each transaction returned due to NSF. Any applicable fee may be collected as part of the subsequent ACH transaction.

If an ACH transaction is returned because of an invalid or incorrect bank account or routing number provided by the Customer, the Customer agrees to pay an additional $25 returned payment fee.

ABJ & Associates, Inc. reserves the right, at its sole discretion, to revoke the Customer's privilege to make payments by electronic funds transfer (ACH). Any such revocation shall not affect the Customer's obligation to pay any outstanding balance, and this authorization shall remain effective until all ACH transactions initiated by ABJ & Associates, Inc. have either been honored by the financial institution or otherwise resolved.

_____ _____
Signature By typing my name above, I authorize this ACH agreement. My typed name is my electronic signature and has the same legal effect as my handwritten signature. Date