

One (1) Time ACH Payment Authorization

Sign and complete this form to authorize Accounting Services and More Inc. to make a one (1) time debit to your checking or savings account.

By signing this form, you authorize us to withdraw the specified amount from your account on or after the indicated date. This authorization is limited to a single transaction and does not permit any additional, unrelated debits or credits to your account.

I _____ authorize Accounting Services & More Inc. to charge my bank account indicated below for \$_____ on _____.

This payment is for services rendered.

Bank Details

Checking Saving

Bank Name _____

Account Number _____

Routing Number _____

Verified

I understand that, since this is an electronic transaction, the funds may be withdrawn from my account on the transaction date noted above. If the payment is rejected due to Non-Sufficient Funds (NSF), I acknowledge that a charge of \$35 will be applied. Additionally, I understand that Accounting Services may attempt to process the charge again within 30 days, and I agree to an additional charge of \$35 for each attempt that is returned NSF. Each of these attempts will be treated as a separate transaction from the originally authorized payment. I acknowledge that all ACH transactions to my account must comply with U.S. law. I will not dispute the charges from Accounting Services with my bank as long as the transactions align with the terms stated in this agreement.

SIGNATURE _____ DATE _____

Transaction ID: _____

