



AUTHORIZATION FOR AUTOMATIC WITHDRAWAL PAYMENTS

I authorize Financial Express to initiate debit entries to my/our account at the depository (identified below), for the purpose of paying our fees for tax and/or accounting work. I/We acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

EFFECTIVE WITH DATE AND SIGNATURE ON FORM (UNTIL FURTHER NOTICE)

I/We understand that at the time of the transfer (approximately 5 days after the completion/delivery of your accounting information), if the full funds are not available, I/we will receive notification from Financial Express or their representatives that Financial Express could not transfer the funds and that an additional \$30.00 service charge will be levied against my account. I/we will then mail or bring the total amount due (including the \$30.00 service charge) in the form of a cashier's check to Financial Express offices for payment.

I understand that this authorization will remain in full force and effect until Financial Express has received written notification from me/us (or either of us) of its termination in such time and opportunity to act on it.

BUSINESS NAME:

BUSINESS ADDRESS:

X

Officer Signature

Date

DEPOSITORY BANK NAME:

ROUTING NUMBER:

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ACCOUNT NUMBER: ☐ : BUSINESS ☐ : PERSONAL

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(PLEASE ATTACH A VOIDED CHECK IF POSSIBLE)