



One-Time ACH Authorization Form

Sign and complete this form to authorize Shah & Trivedi CPA, PLLC to initiate a one-time electronic debit from your bank account listed below. By signing this form, you give us permission to initiate a one-time debit from your bank account for receiving _____ service(s) from Shah & Trivedi CPA, PLLC. Please email duly completed and signed form back to Billing@shahandtrivedicpa.com.

I _____, authorize Shah & Trivedi CPA, PLLC to initiate a debit against my bank account for the amount of \$_____ immediately. (If the amount field is left blank, the amount on the invoice will be debited). If I am not acting in an individual capacity, I certify that I have a right to act on behalf of my Company _____.

Billing Information:

Billing Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Bank Details:

Type of Account: Checking ^{xx} Savings _____

Account Name: _____

Bank Name: _____

Account Number: _____

Routing Number: _____



Signature: _____

Date: _____

I authorize the above-named business to charge the bank account indicated in this authorization form according to the terms outlined above. I understand that I will be charged a convenience fee of \$3 per transaction. I understand that in case the payment is rejected for non-sufficient funds (NFS), I will be charged a \$35 penalty. I certify that I am an authorized user of this bank account and that I will not dispute the payment; so long as the transaction corresponds to the terms indicated in this form.