



Recurring ACH Authorization Form

Sign and complete this form to authorize Shah & Trivedi CPA, PLLC to make recurring debits to your bank account listed below. By signing this form, you give us permission to initiate recurring debit entries to your account for the amount indicated in the first business week of each quarter for the service agreement we have entered into. The amount withdrawn will be in accordance with the terms of the said agreement. Please email this form back to Billing@shahandtrivedicpa.com.

I _____, authorize Shah & Trivedi CPA, PLLC to initiate a debit against my bank account in the first business week of each quarter, i.e. January 1, April 1, July 1 & October 1 for the amount of \$ _____. 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:

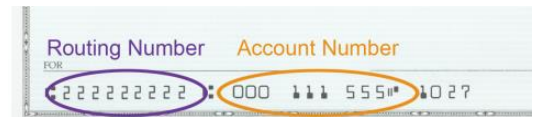
Type of Account: Checking _____ Savings _____

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. This authority will be in full force for the year 2018 or until the termination of the agreement between me and Shah & Trivedi CPA, PLLC. 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.