

Client Authorization for Direct Payment by ACH



Direct payment via ACH is the transfer of funds from an account for the purpose of making a payment. This signed original must be returned.

Client Name _____ Client # _____

Type of Request: Begin Payment Change Information Decline

I (we) hereby authorize Honkamp, P.C. ("COMPANY") to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct any erroneous debits. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws, including the laws of the United States, as well as the provisions of the NACHA Operating Rules.

Account information:

Name(s) on the account: _____

Financial institution name: _____ Financial institution phone #: _____

Account type: Checking *(Please attach a voided check)* Savings

Routing number

⋮												⋮
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Account number

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Invoices for all services rendered will be paid from this designated account automatically on the 22nd of the month following the invoiced date.

I (we) understand this authorization will remain in full force and effect until I (we) notify COMPANY in writing to the address below that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least fifteen (15) days' notice to cancel this authorization.

Printed Name _____

Signature _____

Date _____

Phone _____

Email _____