

Abbott & Company

Tax & Business Consultant

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ACH/eCHECK AUTHORIZATION FORM

Client Name

Date

Business Name on Account

Telephone Number

Bank Details

Bank Name: _____

Routing Number: _____

Bank Account Number: _____

Amount: \$ _____

Checking

Savings

CLIENT AUTHORIZATION TO ACH/eCHECK

Client Authorizes Abbott & Company to initiate an electronic debit against my bank account for the amount listed above. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that Abbott & Company may, at its discretion, attempt to process the charge again within 30 days, and I agree to an additional \$20 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States. I will not dispute Abbott & Company billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Client Signature

Date

Thank you for your payment!