



ACH / PAYMENT AUTHORIZATION FORM

This authorization form allows B & D Bookkeeping LLC to debit the bank account listed below for agreed bookkeeping services.

CLIENT INFORMATION

Business Name:	_____
Authorized Name:	_____
Email:	_____
Phone:	_____

BANKING INFORMATION

Bank Name:	_____
Routing Number:	_____
Account Number:	_____
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

PAYMENT TERMS

I authorize B & D Bookkeeping LLC to charge my account for monthly or agreed-upon bookkeeping services. This authorization will remain in effect until canceled in writing.

CLIENT AUTHORIZATION

I certify that I am an authorized signer on the account listed above and that the information provided is accurate.

Signature:	_____
Printed Name:	_____
Date:	_____

B & D Bookkeeping LLC | balancedbydevotion@outlook.com | 850-669-2572