



**AUTHORIZATION AGREEMENT
AUTOMATIC PAYMENT (ACH DEBITS)**

I (we) hereby authorize Silver Bridge CPAs, hereinafter called company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called financial institution, to debit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law.

<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Acct: _____
Bank Name: _____ Branch: _____
Bank City/State: _____
Bank Routing #: _____ Account #: _____
I (we) authorize Silver Bridge CPAs to initiate ACH Payment for payment of my bookkeeping/payroll invoice(s) on the 10th day of each month.

This authority is to remain in full force and effect until company has received written notification from me (or either of us) of its termination in such time and manners to afford company and financial institution a reasonable opportunity to act on it.

(Entity Name)	(Print Name, Title)
(Signature)	(Date)

Attach Voided Check Below: