



www.ACT-CPA.com ~ 508-230-8756 ~ 50 Oliver Street, Suite 215 N. Easton, MA 02356

E-PAY FORM

I give ACT CPA or Deborah R. Bowman, CPA the ability to sign me up and use the Intuit Payment Network or Electronic Check processing using the following information:

First Name _____ Last Name _____

Phone Number _____

Email address (please print clearly) _____

Bank Name _____

Business Checking Only: Business Name: _____

Routing Number (9 digits) / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ /

Account Number / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ /

I authorize one of the following payments for your tax/accounting fee:

TAX ONLY CLIENTS:

____ Please debit my account on ____ / ____ / ____ for \$ _____

____ Please pay my tax fee of _____ plus \$10.00 from my account when my refund is anticipated. Your tax fee will be debited on or before one month from the date your return is e-filed.

FINANCIAL PLANNING OR INVOICED CLIENTS

____ Please debit my account on the second Friday of every month for \$ _____ to pay my accounting/tax fees as invoiced from starting on _____ until requested to be stopped or until _____.

____ Please debit my account on the 15th ____ or 28th ____ of every month for \$ _____ to pay my accounting/tax fees as invoiced from starting on _____ until requested to be stopped or until _____.

Signature

Date