

Office Use Only SR - INV- RP-	PR	DP	AMT\$
Efiled _____ Refund _____ SS _____ M S H	M B PS QB	BK	#



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

## E-PAY FORM

**I give permission to process an electronic check using the following information below. I take full responsibility for any bounced fees incurred if a payment is processed per the information below. Note: you can change a payment from processing, but we must have a written authorization 2 business days prior to the processing date and our office must have acknowledged the request. See the collection policy on the website.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address (please print clearly) \_\_\_\_\_

Would you like a copy of our email newsletter (circle)? YES NO

**Business Checking Only:** Business Name: \_\_\_\_\_

Bank 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 fee for a total of \$\_\_\_\_\_ 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 \_\_\_\_\_ of every month for \$\_\_\_\_\_ to pay my accounting/tax fees as invoiced from starting on \_\_\_\_\_ until \_\_\_\_\_.

X \_\_\_\_\_

Signature

Date