



**OCKER & ASSOCIATES, PC**

CERTIFIED PUBLIC ACCOUNTANTS

www.ockeraccounting.com

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBIT)**

I authorize the above-named company to debit my:

\_\_\_\_\_ Checking Account (attach voided check)

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

OR

\_\_\_\_\_ Savings Account

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

for services rendered. I authorize the amount of \$ \_\_\_\_\_, to be debited monthly on the first day of every month, beginning on \_\_\_\_\_.

I acknowledge that the origination of the ACH transaction to my account must comply with the provisions of the U.S. law. This authorization will remain in effect until Ocker & Associates, PC has received written notice from me to discontinue this agreement.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS.**

**FAYETTEVILLE OFFICE** | 4148 LINCOLN WAY EAST FAYETTEVILLE, PA 17222 | PH / FX 717.352.3737

**MCSHERRYSTOWN OFFICE** | 526 MAIN STREET MCSHERRYSTOWN, PA 17344 | PH / FX 717.637.5457