

ACH AUTHORIZATION FORM

Leslie A. Cesario, Ltd
 Certified Public Accountant
 1313 Marengo Court
 Naperville, IL 60564
 630-961-9602
 630-961-9953 fax
 www.laccpa.net

Last Name	First	
Address		
City	State	Zip
Email Address		
PAYMENT: Date of withdrawal (please circle one): 1st 15th Other _____ Date of first payment: ____/____/____ Amount of payment: \$		
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3 between the colons</i> Account Number: _____ This information can be found at the bottom of your checks :123456789: 123 123456 0001 Routing Number Account Number Check #
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____ Date: _____		

If using a checking account, please attach a voided check or deposit slip from checkbook to the bottom of this page. Thank you.

FOR OFFICE USE ONLY	CUSTOMER #	DATE
Effective date of authorization: ____/____/____		
Type of authorization:	<input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment	<input type="checkbox"/> Change payment date