

# KRISHNAN COMPANY

CERTIFIED PUBLIC ACCOUNTANT

## DIRECT DEBIT AUTHORIZATION

I, \_\_\_\_\_, certify that I am an authorized signatory for \_\_\_\_\_, (hereafter "Client") further certify that I am an authorized signatory to its bank account identified below; and therefore hereby authorize Krishnan Company PC CPA., (hereafter "Company") to draft my (our) bank account as described in this agreement;

I (We) hereby authorize Company to initiate debit entries to my (our) checking account (identified below) at the depository named below (hereafter "Bank");

I (We) hereby authorize and instruct the Bank to honor debits initiated by Company to my (our) account for service fees and/or other charges as necessitated for accounting, tax consulting and other services rendered. If the bank does not or cannot honor such charges Client must notify Company immediately of the circumstances.

One time authorization                      Amount \$ \_\_\_\_\_

Recurring authorization                      Amount \$ \_\_\_\_\_ (If applicable)

Email Address: \_\_\_\_\_  
(To receive notifications for recurring payments)

Account Name (as shown on bank records):	
Bank Name:	
Account Number:	
Transit Routing Number:	

If 'Recurring authorization' is selected, the authorization is to remain in full force and effect until Company has received written notice from Client of its termination in such time and such manner as to afford Company and Bank a reasonable opportunity to act upon it.

Please attach a voided check to this signed authorization agreement

Signature of Authorized Signatory: \_\_\_\_\_

Name of Authorized Signatory: \_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Title of Authorized Signatory: \_\_\_\_\_

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



America Counts on CPAs

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