

FACTS:FINEX ACCOUNTING AND TAX SERVICES, LLC
4425 E. Agave Rd., Suite 117
Phoenix AZ 85044
(480) 924-7500

ACH Debit Authorization

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

Name: _____

I (we) hereby authorize **FACTS:FINEX ACCOUNTING AND TAX SERVICES LLC**

to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Date for debit to occur: _____ **Amount of Debit:** _____

**Depository Bank
Name:** _____

City: _____ **State:** _____ **Zip:** _____

**Routing
Number (9 Digits):** _____ **Account
Number:** _____

This authorization is to remain in full force and effect until **FACTS:FINEX ACCOUNTING AND TAX SERVICES LLC**

has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **FACTS:FINEX ACCOUNTING AND TAX SERVICES LLC**

and DEPOSITORY Bank a reasonable opportunity to act on it.

Name(s): _____
(Please Print)

Signature: _____ **Date:** ____ / ____ / ____