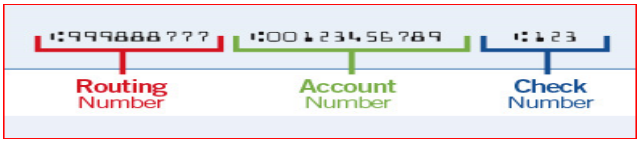
STEVEN E. MILLER, CPA
a professional corporation
looking beyond today

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Client Name:		Company :
I (we) hereby authorize **Steven E. Miller, CPA**, hereinafter called COMPANY, to initiate debit and or credit entries to my (our) Checking Account I Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (Our) account must comply with the provisions of U.S. law.		
Depository Name		Branch
City	State	Zip
Routing Number		Account Number



This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Payment Start date _____ Payment Amount _____

Number of payments _____or continuous.

Print Name: _____

Signature: _____ Date: _____