

AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)

CLIENT NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

I hereby authorize Advanced Accounting Tax & Financial Services, LLC. to initiate credit entries and if necessary debit entries and adjustments for any credit entries in error to the depositories and accounts listed below.

Company Name: _____

Bank Name	Rounting Number	Type	Account Number	New	Amount
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_____ Y N _____

Reoccurring Monthly Quarterly One Time End Date: _____

This authority 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signed: _____

Date: _____