



ACH DEBIT AUTHORIZATION AGREEMENT

DSG CPAs + Advisors is hereby authorized to initiate debit entries to my bank account indicated below for payment of invoices.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Name on Bank Account: _____

Bank Name: _____

Bank City/State: _____

Account Number: _____

Routing Number: _____

Desired Payment Date: _____

I hereby authorize, DSG CPAs + Advisors and the Depository Financial Institution, J.P. Morgan Chase Bank, to debit my account by electronic funds transfer (EFT) through the ACH Network.

Signature

Date