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Business Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from a deposit account for purpose of making a payment.

I (we) hereby authorize Gray, Gray, and Gray, LLP to electronically debit my (our) accounts as follows.

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Account at the depository financial institution named below:

Depository Name: _____

Routing Number: _____ Account Number: _____

Account Type: (select one) ☐ Checking Account ☐ Savings Account

Account Held as: (select one) ☐ Business Account ☐ Customer Account

Name on the Account: _____ Client # _____

Amount of Debit(s) Dollar Amount authorized: \$ _____

Frequency of Debit(s): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Gray, Gray, and Gray, LLP in writing that I (we) wish to revoke this authorization. I (we) understand the Gray, Gray, and Gray, LLP requires at least 7 days prior notice in order to cancel this authorization

Business Name: _____ (please print)

Name of Authorized Representative: _____ (please print)

Title: _____ (please print)

Signature of Authorized Representative: _____

Date: _____