



**FMA, C.P.A.**  
BUSINESS ADVISORY AND ACCOUNTING

## ACH One-Time Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account.

Just complete and sign this form to get started!

### One-Time Payment:

You authorize the one-time charge(s) to your checking or savings account. You will be charged the amount indicated on your tax return invoice. A receipt for your payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided once the signed Form 8879 has been received.

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### Please complete the information below:

I \_\_\_\_\_ authorize FMA CPA to charge my bank account indicated below at the time of completion of my 2017 tax return.

Billing Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Account Type:  Checking  Savings

Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon I submit my Form 8879. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that FMA, C.P.A. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$50.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this billing with my bank so long as the transaction correspond to the terms indicated in this authorization form.