



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.

Please complete the information below:

I _____ authorize FMA CPA to charge my bank account indicated below at the time of completion of my 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I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon I submit my Form 8879.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.