

PALM BEACH BOOKKEEPING & BUSINESS SOLUTIONS

PO BOX 14531
North Palm Beach, FL 33408
Tel: 561-310-5317 ♦ Fax: 561-899-0385

ACH Debit Authorization Form (Attach VOIDED Check)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Financial Institution: _____

Bank Routing #: _____ Checking ☐ Savings ☐ Account # _____

By signing below, I hereby authorize _____ to initiate debit entries to my checking or savings account at the financial institution listed above.

I understand that this authorization will remain in full force and effect until I notify **Palm Beach Bookkeeping & Solutions** in writing that I wish to revoke this authorization.

Signed: _____ Date: _____

Printed Name

Note: To ensure accurate account information, it is advised to attach a VOIDED check to this form.