

PAYMENT (ACH) AUTHORIZATION

Acceptance by client constitutes a mutual understanding and agreement with all terms & engagement of Hellman & Associates, LLC (the "Firm" or "EA")
We will not process tax payments without signed authorization on file

CLIENT NAME(S): _____

This form authorizes Hellman & Associates, LLC to schedule tax payments on behalf of the individual or business listed above. (EA) will not be held responsible for overdraft fees, late payments, or information errors. Please double check the information you provide.

If you would like to authorize (EA) to process payment on your behalf, please complete the attached Payment (ACH) Authorization with your bank name, routing and account number and we will provide you confirmation of payment for your records. If we do not receive a completed authorization, we will assume you are making your own tax payments.

If making your own payment please provide us with a confirmation or record of your estimated tax payment (date & amount) to ensure it is properly applied on your return.

Thank you for the opportunity to be of service.

BANKING INFORMATION

BANK NAME	
NAME ON ACCOUNT	
ROUTING NUMBER	
ACCOUNT NUMBER	

☐ PERSONAL CHECKING ☐ PERSONAL SAVINGS ☐ BUSINESS CHECKING ☐ BUSINESS SAVINGS

I authorize Hellman & Associates, LLC to make tax payments using the above banking information. I understand that my information will be saved on file for future tax payments until I update the information in writing.

ACCOUNT OWNER SIGNATURE

DATE

PRINT ACCOUNT HOLDER NAME

Hellman & Associates, LLC

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