



### Recurring ACH Authorization Form

Sign and complete this form to authorize Shah & Trivedi CPA, PLLC to make recurring debits to your credit card/bank account listed below. By signing this form you give us permission to initiate recurring debit entries to your account for the amount indicated on the first business date of each month for the service agreement we have entered into. The amount withdrawn will be in accordance with the terms of the said agreement. Please fax to 704-765-0303 or email this form to [billing@shahandtrivedicpa.com](mailto:billing@shahandtrivedicpa.com).

**Please complete the information below:**

I \_\_\_\_\_ authorize Shah & Trivedi CPA, PLLC to charge my credit card/bank account  
 (Full name)

indicated below for \_\_\_\_\_ on the first of each month. This payment is for \_\_\_\_\_.  
 (Amount) (Date) (Description of services)

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

Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

**Checking/ Savings Account**

Checking       Savings

Name on Acct \_\_\_\_\_

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

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

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



**Credit Card**

Visa                       MasterCard

Amex                       Discover

Cardholder Name \_\_\_\_\_

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

Exp. Date \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

I authorize the above named business to charge the credit card/bank account indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above and for the amount indicated above only. This authority will be in full force and effect until the termination of the agreement between me and Shah & Trivedi CPA, PLLC. I certify that I am an authorized user of this credit card/bank account and that I will not dispute the payment; so long as the transaction corresponds to the terms indicated in this form.