



One Time ACH Authorization Form

Sign and complete this form to authorize Shah & Trivedi CPA, PLLC to make a one-time debit to your credit card/bank account listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. Please fax to 704-765-0303 or email this form to 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 or after _____. 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, for the amount indicated above only, and is valid for one time use only. 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.