

CLIENT DRAFTING FORM

CRABTREE CPA & ASSOCIATES
PAYROLL SERVICES
426 NORTH STREET
HYANNIS, MA 02601

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

COMPANY NAME : _____ COMPANY TAX ID NUMBER: _____

I (we) hereby authorize Crabtree CPA & Associates, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking account indicated below at the depository named below, hereinafter called **DEPOSITORY**, to debit the same to such account.

DEPOSITORY
NAME _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
ROUTING NUMBER _____ ACCOUNT NO. _____

A VOIDED CHECK IS REQUIRED WITH THIS FORM.
PLEASE NOTE: DEPOSIT TICKETS CANNOT BE USED BECAUSE THEY HAVE DIFFERENT ROUTING NUMBERS. SO, IF YOU HAVE A SAVINGS ACCOUNT, PLEASE GET THE CORRECT ROUTING NUMBER DIRECTLY FROM YOUR BANK.

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Signature _____ Date _____

Print Name _____ Social Security# _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.