
ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Ivan Alvarez CPA PLLC to initiate entries to my (our) checking/savings accounts at THE FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Ivan Alvarez CPA PLLC is notified by me (us) in writing to cancel it in such time as to afford Ivan Alvarez CPA PLLC and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Authorized Name on the account - PLEASE PRINT)

(Permanent Address - PLEASE PRINT)

(Business Name)

(Signature)

(Date)


Recurring ACH activity will be initiated on the date and amount agreed upon in the engagement letter for recurring services (Per our engagement letter). One-time or deliverable-engagements will be initiated upon completion and acceptance of the deliverable (Upon completion).

Financial Institution Routing Number:

Checking [] /Savings [] : Personal [] /Business [] (Check Appropriate Boxes)

Account Number:

These numbers are located on the bottom of your check as follows:


Routing Number Account Number

Please return to:

Ivan Alvarez CPA PLLC
4251 FM 2181 Suite 230-208
Corinth, TX 76210

(214) 390.3255 telephone
(469) 277.3186 facsimile
info@ia-cpa.com