



Associated Tax Consultants Inc

A Tax Consultants Group Company

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WWW.TAXCONSULTANTSGROUP.COM

Direct Debit Authorization Form

New Enrollment

Change in Banking Information

Payment Amount: \$

One Time Payment

Monthly Reoccurring

Reoccurring payment Duration:

TO

Bank Name:

Routing Number:

Checking

Savings

Account Number:

Account Holder Name:

Phone Number:

I hereby authorized Associated Tax Consultants, Inc. (A.T.C.I.) to make automated clearing house (ACH) debits on my account indicated above in the amount listed above for payment of settlements due.

Legal Entity Name:

Authorized Name:

Authorized Signature:

Date:

*This arrangement does not affect your primary obligation for payment. **If monthly reoccurring payments were arranged then payments will be processed the 1st day of every month.** This authorization is to remain in effect until you are notified in writing or we receive written notification from you.*