



A C C O U N T I N G

7233 S 85<sup>th</sup> E Ave Ste 200  
Tulsa, OK 74133  
918-523-9700

ACH Authorization Form

I hereby authorize Davison Accounting to electronically debit my account (and, if necessary electronically credit my account) from/to the financial institution as named below for the amount of the invoice for my income tax preparation or accounting or consulting services. This authorization shall remain in force until I notify Davison Accounting in writing that I wish to revoke this authorization.

Client Name \_\_\_\_\_

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

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

This is a:      Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

Name \_\_\_\_\_  
(Person, or Authorized Signer)

Date \_\_\_\_\_

Signature \_\_\_\_\_

PLEASE PROVIDE A VOIDED CHECK