Don Brooks & Associates, Inc.

Bookkeeping, Payroll & Income Tax Service

152 Deming Street Post Office Box 605
South Windsor, CT 06074
Tel. (860) 648-4002 Fax (860) 648-4005

Authorization for Direct Payment

I hereby authorize Don Brooks & Associates, Inc., either directly or through its online service provider, to initiate a debit entry to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize my Bank to accept and to charge any debit entries indicated by Don Brooks & Associates, Inc., either directly or through its online service provider, to my account. In the event that Don Brooks & Associates, Inc. charges funds erroneously into my account, I authorize Don Brooks & Associates, Inc., either directly or through its online service provider, to credit my account for an amount not to exceed the original amount of the erroneous debit.

This authorization is to remain in full force and effect until Don Brooks & Associates, Inc, and my Bank have received written notice from me of its termination in such time and in such manner as to afford Don Brooks & Associates, Inc. and my Bank reasonable opportunity to act on it.

I agree to keep enough funds in my account to cover the transaction. If not, I will be responsible for all applicable charges.

Name: _____ (check one) ☐ Personal ☐ Business

Address: _____

City/State/Zip: _____

Frequency of Withdrawal (Circle One): Monthly Weekly One-Time Date of Authorization: _____

Amount of Withdrawal: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Authorized By: _____

Print Name: _____