



ROESNER | KENNEY

TAX & ACCOUNTING

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RECURRING ACH AUTHORIZATION FORM

I authorize **Roesner | Kenney Tax & Accounting** to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

- Starting on _____ and subsequently debited at any time for the **amounts**
(MM/DD/YYYY)
owed to merchant for **Services Provided**.

Bank Information

Name on Bank Account: _____

Bank Routing (ABA) Number: _____

Bank Account Number: _____

Bank Account Type: Checking Savings Business Checking

This payment authorization is to remain in full force and effect until I, _____, notify *Roesner | Kenney Tax & Accounting* of
(company or authorized person)
my intent to cancel by sending written notice at least 15 days in advance .

I certify that I am authorized to enter into this agreement for the account listed above and that I am either the account owner or an authorized signer.

Signature

Date

Printed Name