

## *Payment Authorization Form*

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I/We hereby authorize Cordasco & Company, P.C. to initiate a withdraw of \_\_\_\_\_ from my/our checking account at the financial institution as selected below. This authority will remain in effect for future incurred fees until Cordasco & Company, P.C. is notified by me/us, in writing, to cancel it in such time as to afford Cordasco & Company, P.C. and the financial institution a reasonable opportunity to act on the request to cancel.

Please Complete the Following:

### ACH WITHDRAW INFORMATION

Account Holder's Name : \_\_\_\_\_

Bank Name : \_\_\_\_\_

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

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

Billing Address : \_\_\_\_\_

Account Type:  
(Personal/Business) \_\_\_\_\_

Signature: \_\_\_\_\_

Email your completed form and a blank, voided check to:

Cordasco & Company, P.C.  
310 Commercial Drive, Suite 100  
Savannah, GA 31406  
Fax: 912-353-7801  
Email: [rfenton@cordascocpa.com](mailto:rfenton@cordascocpa.com)

