Office Use Only INV	PR	PD	AMT$
PP	M B CPA QBO	BK	#

GOLDEN DUST
ACCOUNTING INC
ACCOUNTING • COACHING • TAXES

www.golddai.com.com ~ 508-230-8756 ~ 50 Oliver Street, Suite 215 N. Easton, MA 02356

E-PAY FORM

I give permission to process an electronic check using the following information below. I take full responsibility for any bounced fees incurred if a payment is processed per the information below. Note: you can change a payment from processing, but we must have a written authorization 2 business days prior to the processing date and our office must have acknowledged the request. See the collection policy on the website.

First Name _____ Last Name_____

Business Name (if applicable)_____

Phone Number_____

Email address (please print clearly) _____

Would you like a copy of our email newsletter (circle)? YES NO

Bank Name_____

Routing Number (9-digits) Account Number (if applicable, include zeroes in front of account #)

			-				-																

I authorize one of the following payments for your services:

___ Please debit my account on _____/_____/_____ for $_____.

___ Please debit my account on the _____ of every month for $_____ to pay my fees as invoiced starting on _____ until I give written permission to stop.

X_____ _____

Signature **Date**