



CUSTOMER ACH AUTHORIZATION

I(we) hereby authorize Twilla Walton CPA PC ("COMPANY"), to initiate ACH debit entries to my(our) checking account indicated below. I(we) further authorize the Company to debit said account for such amount allowed by law in the event a debit entry is rejected by the Depository.

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____ - _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

ATTACH A COPY OF A VOIDED CHECK FOR THE INDICATED ACCOUNT

This authority is to remain in full force and effect until Twilla Walton CPA PC has received written notification from me(or either of us) of its termination in such time, but no less than 3 business days before any payments are due to be made, and in such manner as to afford COMPANY and bank a reasonable opportunity to act on it.

CLIENT NAME _____

DATE _____ SIGNATURE _____

DATE _____ SIGNATURE _____