

## Employer Bank and Billing Authorization

Firm: Shalom Consulting Group

Employer: \_\_\_\_\_

### Employer Bank Information for ACH Processing

Enter the requested banking information into the following table. This account will be used for all debits when processing electronic payments, payroll direct deposits, child support payments, and billing. You must authorize the use of this bank account.

For security reasons, we will make a non-refundable debit of no more than \$1.00 from this account as part of a validation process. To complete the validation, you must advise the Firm of the exact amount debited.

Your ACH application will be approved after validation of your bank account information.

<b>Routing Transit Number</b>	
<b>Account Number</b>	
<b>Bank Name</b>	
<b>Account Type</b>	

By signing this form, the above-mentioned EMPLOYER acknowledges that this bank information is correct and valid, and authorizes AccountantsWorld to debit this account for all ACH transactions.

\_\_\_\_\_  
Principal/Officer of Employer Signature

\_\_\_\_\_  
Date:

---

## Employer Billing Authorization

Firm: Shalom Consulting Group

Employer: \_\_\_\_\_

By signing this consent form, the above-mentioned EMPLOYER authorizes the above-referenced Firm to charge EMPLOYER's payroll processing fees through ACH.

By signing, EMPLOYER Understands and Agrees that all Terms and Conditions and return fees as stated in the original Application remain in effect for Electronic Funds Transfer of Employer Billing.

\_\_\_\_\_  
Principal/Officer of Employer Signature

\_\_\_\_\_  
Date: