RAPID Tax Service
Income Tax ▪ Payroll ▪ Accounting Services
2149 Pace Street ~ Covington, GA 30014
678.658.8601 ~ Fax: 770.406.2761

One Time ACH Payment Authorization Form

Please sign and complete this form to authorize **Rapid Tax Service, Inc.** to make a one time debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I authorize **Rapid Tax Service, Inc.** to charge my bank account for the amount indicated below when the IRS (or state) deposits my tax refund. This payment is for my **tax preparation fees and other services provided** on

_____. In the event the IRS (or state) does not fund my refund, I authorize **Rapid Tax Service, Inc.** to charge my bank account for the amount indicated below on the 21st day following the day of service.

Tax Preparation Fee:	$_____
+ Convenience Fee:	$5.00
Total to be Debited:	**$**_____

Name(s) on Account: _____

Bank Name: _____

Routing Number:

Account Number:

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of payment being rejected for Non-sufficient Funds (NSF). I understand that Rapid Tax Service Inc. may at its discretion attempt to process the charge again, and I agree to an additional $35 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law. I will not dispute Rapid Tax Service, Inc. billing with my bank so as long as the transaction corresponds to the terms indicated.

SIGNATURE _____ **DATE** _____

Office Use Only

Date Fee Debited: _____ by: _____

If returned, NSF: Return Date: _____ Date Contacted Client: _____

Date re-Debited: _____ $35 NSF Added? ___Yes ___No If no, why? _____