



cfd Accounting ACH Authorization Form

I hereby authorize cfd Accounting, Inc. to initiate a monthly debit from the account specified below to pay the monthly invoice from cfd Accounting, Inc. I also authorize CFD Accounting to debit said accounts for such amount allowed by law in the event a debit entry is rejected by the bank.

Please complete the information below:

I _____ authorize cfd Accounting, Inc. to charge my bank account
(full name)

indicated below on the 1st of each month for payment of payroll services.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Checking Savings

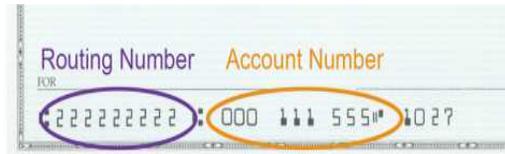
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify cfd Accounting in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that cfd Accounting, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.