Williford Houston & Co., CPAs, PLLC

ACH Authorization

I hereby authorize *Williford Houston & Co., CPA's, PLLC* to debit from the account specified below to pay the invoices from *Williford Houston & Co., CPA's, PLLC*. I further authorize *Williford Houston & Co., CPA's, PLLC* to debit said accounts for such amount allowed by law in the event a debit entry is rejected by the bank.

Bank _____

Branch _____

City _____

State _____ Zip _____

Account Type: Enter "x" to indicate type of account:

☐ Checking   ☐ Savings

Name on Account _____

Account Number _____

Routing Number _____

Firm Name_____

Authorized Signature on the Above Account _____

Date_____