

DRAFTING (ACH) AGREEMENT

I, _____, certify that I am an authorized signatory for _____, (hereafter "Client") further certify that I am an authorized signatory to its bank account identified below; and therefore hereby authorize **Tejani Accounting Services, Inc.** (hereafter "Company") and/or its representatives to draft my (our) bank account as agreed.

I understand that I (we) must notify Company of any changes, closure or cancellation of this bank account immediately.

Account Name (as shown on bank records)	
Bank Name	
Account Number	
Transit Routing Number	

This authorization is for:

New Company Formation Fee	
Monthly Accounting Fee	
Filing Sales Tax Reports	
Filing Payroll Tax Reports	
Filing Corporation Tax Return	
Filing Personal Tax Return	
Any Other Service Agreed & Performed	

The above authorization is to remain in full force and effect until Company has received written notice from Client of its termination in such time and such manner as to afford Company and Bank a reasonable opportunity to act upon it.

Signature of Authorized Signatory: _____

Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: ____/____/20____