



10250 S.W. 56TH ST. STE B-203
MIAMI, FL 33165
Phone: 786-899-2349
Fax: 305-513-5201
Info@CloudAccPro.com

Financial Institution Recurring Payment Authorization Form

Sign and complete this form to authorize Cloud Accounting Professionals Inc. to scheduled recurring charges to your financial institution. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your bank statement.

Please complete the information below:

I _____ authorize Cloud Accounting Professionals Inc. to charge my financial
(full name)

institution on the 5th of each month for the payment due on billing period.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the financial institution indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this financial institution and that I will not dispute the scheduled payments with my financial institution provided the transactions correspond to the terms indicated in this authorization form.