Titus & Urbanski Inc
Certified Public Accountants

Hantz Titus Urbanski LLC
Tax and Business Consultants

Please Choose your Desired Payment Method Below:

Method:	☐ Monthly ACH	☐ Quarterly ACH	☐ Annual ACH

Billing Address:

Name _____

Address _____

City _____ State _____ Zip Code _____

Description of Services _____

_____

_____

_____

Annualized Fee _____

ACH Payment Agreement

Please attach a voided check or photocopy of a check

Authorization for pre-arranged debits

This will serve as authorization for Titus & Urbanski Inc (TU) and/or Hantz Titus Urbanski LLC (HTU) to establish Electroni
Transfer Instructions to settle the purchase of the services listed above by debiting the account indicated below
I (we) acknowledge that the origination of ACH transactions to the account must comply with the provisions of US Law
The authorization is to remain in full force and effect until TU/HTU receives notice from the authorizing signer of it
termination in such time and in such manner as to afford TU/HTU reasonable opportunity to act on it

Account Title _____ Name of Bank/Institution _____

9 Digit ABA Number

Bank Account #

Payment Date ☐ 1st ☐ 15th Beginning _____ Amount $ _____

Client Signature: _____ Date: _____