

Authorization for Recurring Debit

I authorize Juniper Phillips, Phillips Small Business Services, LLC to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

Invoices will be automatically debited from the following account 5 days after invoice date.

Bank Information

Bank ABA Number : _____ (routing number)

Bank Account Number : _____

Bank Account Type: Business/Consumer Checking/Savings

(Please circle correct options)

This payment authorization is to remain in full force and effect until I, _____ notify Phillips Small Business Services, LLC of its cancellation by sending written notice in such time and in such manner to allow both Phillips Small Business Services, LLC and receiving financial institution a reasonable opportunity to act on it.

[Client Signature]

[Client Printed Name]

[Date Signed]

Please return signed form to Phillips Small Business Services, LLC.

Email: juniper@phillipssmallbusiness.com

or

Fax: 516-977-4536