

ECHECK PAYMENTS

I, authorize Michael A. Kolb, PC, dba Small Business Financial Solutions to initiate either an electronic debit or to create and process a demand draft against my bank account as noted below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States Law.

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Account Type (Please Circle One):    Checking       Savings       Business Checking

Amount: \_\_\_\_\_

Signed By: \_\_\_\_\_

Date: \_\_\_\_\_

Please print and complete this form. You can scan it and e-mail it to us or fax it to us. We do not publish our e-mail address or fax number on our website due to the level of spammers. This contact information is located on your invoice and statement, or please contact us for that information.