

Authorization for Direct Payment

I authorize Takagi & Associates Inc and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT))

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP CODE)

_____ Checking _____ Savings Please attach voided check if available.

Account Number _____

Financial Institution Routing Number _____

SIGNATURE _____

RETAIN FOR YOUR RECORDS

On _____ I authorized

(COMPANY NAME & DEPT.)

(ADDRESS)

PHONE _____

To initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial payment amount: \$ _____ (if payment amount changes we will notify you at least
Regular payment date _____ 10 days before the regularly scheduled payment date.