



# ACH Authorization Form

Sign and complete this form to authorize Cook, Flatt & Strobel Engineers, PA to make a one (1) time debit to your checking or savings account. **Please send completed form to [accounting@cfse.com](mailto:accounting@cfse.com).**

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date at the financial institution listed below. This permission is for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to

I \_\_\_\_\_ authorize Cook, Flatt & Strobel Engineers, PA  
(Client Name)  
to charge my bank account indicated below for \$ \_\_\_\_\_ on \_\_\_\_\_.  
(Amount) (Date)  
This payment is for invoice number(s) \_\_\_\_\_.  
(Invoice)

Bank Details:  Checking  Savings  
Account Name: \_\_\_\_\_  
Financial Institution: Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

These numbers are located at the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆  
Routing Number Account Number

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Date \_\_\_\_\_  
Phone Number \_\_\_\_\_