

## CLIENT DRAFT AUTHORIZATION

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

BANK ROUTING NUMBER \_\_\_\_\_

AUTHORIZATION TO HONOR CHECKS DRAWN BY GIFT CPAS

TO \_\_\_\_\_ BANK

## PLEASE ATTACH VOID CHECK

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks and/or electronic transfers drawn by and payable to the order of **GIFT CPAs** provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to such checks and/or electronic transfers shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such check and/or electronic transfer.

I further agree that if any such check and/or electronic transfer is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature on Above Account

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature on Above Account

*(If second signature is required)*