



## BANK DRAFT or ACH AUTHORIZATION

Please complete this form in its entirety, SIGN, and return to:

### WROBEL ACCOUNTING

9350 Bay Plaza Blvd. | Suite 120 | Tampa, FL 33619  
 (813) 514-8273 | Fax (813) 464-8185 | [wrobelcpa@gmail.com](mailto:wrobelcpa@gmail.com)

<b>Company Name</b> (if applicable):					
<b>Authorized Individual:</b>					
<b>Mailing Address:</b>					
<b>Phone #:</b>	( ) -	<b>Fax #:</b>	( ) -		
<b>Email Address:</b>					
<b>Bank Name:</b>					
<b>Routing #:</b>		<i>Attach copy of voided check below</i>			
<b>Bank Account #</b> (include all zeros):					
<b>Debit Amount:</b>	\$	<b>Frequency:</b>	Qpeg	Weekly	Monthly
<b>Effective Date:</b>		<b>End Date:</b> (if applicable)			
<b>SIGN HERE!</b>	<b>Signature:</b>				<b>Date:</b>
	<b>Print Name:</b>		<b>Title:</b> (if applicable)		

*Attach voided check here*