

ACH Debit Authorization Form

Business to Debit Account

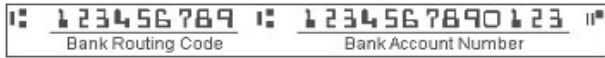
<i>Keith Miller Counseling, LLC</i>	202-629-1949		
Authorized Business Name	Authorized Business Phone Number		
1320 19th Street, NW Suite 200	Washington	DC	20036
Authorized Business Address	City	ST	Zip

Account Holder Information

Account Holder Name	Account Holder Business Name (if business account)	Account Holder Phone
Account Holder Address	City	ST Zip

Account Holder's Bank Information

Account Holder's Bank Name	Branch City	ST	Zip
Bank Routing Number (9 digits)	Bank Account Number	Account Type:	Business Checking
			Personal Checking
			Savings



Bank Routing Code Bank Account Number

How to find your Routing and Account Numbers on a check

Payment Information

Psychotherapy

Description/Goods Purchased/Services Rendered

Frequency:	<input type="checkbox"/> One-Time	<input type="checkbox"/> Recurring _____ or _____ Open Ended First Payment Date Number of Payments \$ _____ or _____ Variable Amount Amount per Payment Frequency: Weekly Bi-weekly Monthly _____ Quarterly _____ Semi-annually _____ Annually
	_____ Payment Date	
	_____ Amount of Payment	

Authorization

Single Use

I hereby authorize the above named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system, according to the parameters specified herein. This authority will remain in effect until the payment(s) are completed as specified herein. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

Until Revoked

I hereby authorize the above named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system. This authority will remain in effect until revoked in writing by the undersigned account holder. If the payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law. You may void this authorization at any time by contacting your bank. *

Signature of Account Holder	Print Name of Account Holder	Date