



Tax Preparation Firm Name ACH Authorization Form

I, _____, hereby authorize *Diversified Medical Revenue Services* to initiate electronic debits to my bank account for the purpose of collecting payment for the services related to the preparation of my tax return. I understand and agree to the following terms:

Payment for Tax Preparation Services: I acknowledge that I am engaging Diversified Medical Revenue Services for the professional service of preparing my tax return. Payment is not contingent upon the approval or funding of my tax refund.

Billing Authorization: In the event that my tax refund is not approved and funded within 30 days through a bank product with a third-party bank, I authorize *Diversified Medical Revenue Services* to electronically debit my bank account for the full amount of the tax preparation fees as agreed upon. This debit will be initiated as soon as practicable after the 30-day period has lapsed.

Bank Account Information: I have provided accurate and current information regarding my bank account for the purpose of this electronic debit authorization.

Right to Revoke: I understand that I may revoke this authorization at any time by providing written notice to *Diversified Medical Revenue Services*. Such revocation will not affect any fees or charges that have already been incurred.

Record Keeping: *Diversified Medical Revenue Services* will retain a copy of this authorization form, and I will receive written notice of any changes in the payment amount or schedule at least 10 days prior to the initiation of any debits.

By signing below, I confirm that I have read and understand the terms of this ACH Authorization Form and agree to be bound by them.

Client's Name: _____

Client's Signature: _____

Date: _____