

ATP Business Solutions Inc

7924 Forest City Rd Suite 210 Orlando FL 32810

EXPRESS Direct Debit Authorization Form

Systematic Withdrawals From Checking Account

Telephone Number	EIN Number	Date
Contact Name		
Please Provide Your Email Address		
Financial Institution Name & Address as shown on a check		
Account Holder Name	Bank Routing Number	
Checking Account Number	Signature	
Name		
Terms of Authorization		
<p>I authorize the above named institution to automatically deduct from my checking account listed above the amount of any Payroll, and/ or Accounting Fee. This authority will remain until such a time as I notify ATP Business Solutions Inc. in writing of termination of this authorization.</p> <p>ATP Business Solutions Inc. or the financial institution, where applicable, each reserve the right to terminate this service at any time.</p>		

Print this form, attach copy of a voided check (to void your check, simply write VOID across the face of the check), and fax (407) 522 4481 or mail to:

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