

ACH eCheck Authorization

I authorize State Street Tax & Accounting Advisors to initiate either an electronic debit or to create and process a demand draft against my bank account whenever I send a check for payment of goods or services. The amount of the debit and bank account information will be used directly from the check. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

This payment authorization is to remain in full force and effect until I,

(Customer Name) _____,

notify State Street Tax & Accounting Advisors of its cancellation by sending written notice in such time and in such manner to allow both the State Street Tax & Accounting Advisors and receiving financial institution a reasonable opportunity to act on it.

Bank Information

Bank ABA Number (Routing Number - 9 digits) |__|__|__|__|__|__|__|__|__|

Bank Account Number |__|__|__|__|__|__|__|__|__|__|__|__|

Bank Account Type: Checking Savings Business Checking

Customer Signature *X* _____

Customer Printed Name _____

Date Signed _____