

Recurring Bank Debit Authorization

I (we) hereby authorize Neto Financial Group, Inc to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called financial institution, to debit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law.

<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct: _____	
Bank Name: _____	Branch: _____
Bank City/State: _____	
Bank Routing #: _____	Account #: _____
I (we) authorize Neto Financial Group, Inc. to initiate ACH Payment for payment of my bookkeeping/payroll invoice(s) on the 1st day of each month.	

The authority is to remain in full force and effect until company has received written notification from me (or either of us) of its termination in such time and manner to afford company and financial institution a reasonable opportunity to act on it.

Entity Name

Print Name, Title

Signature

Date

Attach Voided Check Below: