

BANK DRAFT AUTHORIZATION

Jennings & Clouse, PLC

1509 Hunt Club Blvd, Suite 500

Gallatin, TN 37066

Ph: (615) 206-0360

Fax: (615) 206-0363

www.jenningsclouse.com

Client Name: _____

Financial Institution: _____

Name on Bank Account: _____

Address on Bank Account: _____

Type of Account:

Business OR Personal

Checking OR Savings

Routing Number: _____

Account Number: _____

I am authorizing Jennings & Clouse, PLC to utilize the above information for filing, payment, or refund of all tax returns and/or reports previously requested to be prepared by Jennings & Clouse, PLC. I will receive notification of the electronic filing and payment or refund by Jennings & Clouse, PLC. Jennings & Clouse, PLC will take precautions to minimize any risk of misuse of financial information; however, Jennings & Clouse, PLC does not accept any risk for loss or damage of misuse of financial information beyond our firm.

This election will remain in effect until Jennings & Clouse, PLC has been notified in writing of a revocation of the authorization.

**If you would like to choose the date the payment is deducted from your account, please notify us in writing before filing the return(s). Otherwise, amounts will be marked to pay or refund when the tax return or report is complete and filed.

Signature of Authorized Representative _____

Date _____