JENNINGS & CLOUSE, PLC

CERTIFIED PUBLIC ACCOUNTANTS

1509 Hunt Club Blvd, Suite 500
Gallatin, TN 37066
Ph: (615) 206-0360 Fax: (615) 206-0363
www.jenningsclouse.com

Client: _____

Name on Bank Account: _____

Address on Bank Account: _____

_____

Financial Institution: _____

Type of Account: ☐ BUSINESS OR ☐ PERSONAL
☐ CHECKING OR ☐ SAVINGS

Bank routing number: _____

Bank account number: _____

I am authorizing Jennings & Clouse, PLC to electronically file, on my behalf, all tax returns and/or reports required by federal, state and/or local law that I have 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.

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. 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 of the returns. Otherwise, amounts will be marked to pay or refund when the tax return or report is complete and filed.

_____

Signature of Authorized Representative Date