KRISHNAN COMPANY

CERTIFIED PUBLIC ACCOUNTANT

DEBIT AND CREDIT AUTHORIZATION FORM

Authorization Type ☐ ACH Authorization ☐ Credit or Debit Card Authorization

Authorization Frequency *(Select One)* ☐ One Time ☐ Recurring Amount ($) _____ (If applicable)

AUTHORIZED SIGNATORY INFORMATION

Individual Name _____ Title _____

Business Name _____

Business Street Address

_____

City _____ State _____ Zip ☐☐☐☐☐-☐☐☐☐

Email Address _____ Phone No. _____

ACH AUTHORIZATION (Please attach a void check copy)

Account Type *(Select One)* ☐ Business-Checking ☐ Business-Saving ☐ Personal-Checking ☐ Personal-Saving

Account Name _____ Bank Name _____

Routing No. ☐☐☐☐☐☐☐☐☐ Account Number _____

CREDIT OR DEBIT CARD AUTHORIZATION (A 3% processing fee (subject to a $10 minimum) will be added to all credit card transactions.)

Card Type ☐ MasterCard ☐ VISA ☐ American Express

Cardholder Name _____

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card Security Code ☐☐☐☐ Expiry Date (MM/YY) ☐☐/☐☐

Signature _____ Date _____

Payment Authorization

By completing and executing this form, the Accountholder or Cardholder (hereafter "Accountholder") acknowledges and agrees that Krishnan Company (hereafter "Company") is authorized as of the authorization date set forth above and subject to the terms and conditions set forth below, to charge the bank account, credit card, debit card, charge card or other payment card (each referred to herein as "account"), specified above for amounts billed to the Accountholder specified above for services rendered.

Company will send the Accountholder an invoice for services rendered. Company will charge the above account for the amount specified in the invoice on the date of the invoice. The Accountholder should ensure such charge will not cause the account to exceed any established credit limits or available balances as on the date of charge. There will be a $25.00 penalty for any rejected charge pursuant to this authorization. Accountholder acknowledges that they will continue to be liable for any such rejected or any unpaid charges including all penalties.

Accountholder further authorizes Company to initiate a charge or credit as necessary to correct any prior overpayment or underpayment of any invoice or any other charge or credit effected under this or prior authorization(s). Company and Accountholder further acknowledge that if this payment authorization is for a recurring charge, then Company will inform Accountholder of any variances in the recurring amount. Each charge will appear as a payment on the next invoice sent to Accountholder after the charge date. Recurring charges will begin with the first invoice we send the Accountholder after we receive and process this form.

This authorization shall remain in effect until Company receives a new form requesting an update or cancellation, and the Company has had sufficient time to clear any arrears and act on the authorization. Accountholder will continue to be liable for any invoices due and pending as of such termination. Accountholder is responsible for informing Company of any changes in the above information.

If you have any questions on billing or charges please contact Krishnan Company, 746 Holcomb Bridge Rd, Norcross, GA 30071. Tel: 770-368-1030. Fax: 770-368-1060.