

Taxpayer Authentication Number:

ConServe Account Number:

Pre-Authorized Direct Debit Authorization Form

Please complete, sign, and date one copy and return to our office by fax or regular mail. This form must be received no later than 3-business days prior to the first scheduled Pre-Authorized Direct Debit payment as set forth below. Please retain a copy for your records.

ConServe

P.O. Box 307 Fairport, NY 14450

FAX Number: 833-796-9685

You agreed to the following recurring payment:

1. Pre-Authorized Direct Debit Payment Information
  - a. First Pre-Authorized Direct Debit Payment Amount:
  - b. Second Pre-Authorized Direct Debit Payment Amount (if applicable):
  - c. Third Pre-Authorized Direct Debit Payment Amount (if applicable):
2. Pre-Authorized Direct Debit Payment Due Date(s):
  - a. First Pre-Authorized Direct Debit Payment Due Date:
  - b. Second Pre-Authorized Direct Debit Payment Due Date (if applicable):
  - c. Third Pre-Authorized Direct Debit Payment Due Date (if applicable):

Please complete lines 3 - 8 below.

3. Best daytime telephone number:
4. Name as it appears on bank account:
5. Address as it appears on bank account:
  - a. Address 1:
  - b. Address 2:
  - c. City:
  - d. State:
  - e. Zip Code
6. Bank Name:
7. Routing Number
8. Account Number

I authorize ConServe to draft check(s) payable to the U.S. Treasury from the financial institution in the amount listed above to pay my federal taxes owed to the Internal Revenue Service. I understand ConServe may draft additional future recurring payments, to be processed on the same day(s) of the month or on the next business day, until such time as my balance is paid in full. I understand that if the final payment due is less than the recurring monthly payment amount, ConServe will draft the payment for the lesser amount. This authorization will remain in full force and effect until I notify ConServe to revoke the authorization. I understand in order to change or revoke the authorization, I must contact ConServe at 844-853-4875 no later than one (1) business day prior to the scheduled payment date during normal business hours between 8:00 am - 9:00 pm (ET) Monday through Thursday; 8:00 am - 5:00 pm (ET) on Friday.

Print Name:

Date:

Signature: \_\_\_\_\_

Enclosed is a copy of this authorization form.