



## Reed Accounting Payroll Agreement

**Company Name:**

**EIN:**

**Address:**

**Service Standards:**

Reed Accounting has partnered with ADP to provide you with affordable, reliable and confidential payroll services.

**Service Fees:**

Payroll Services will be charged at the rates below:

- Set up fee \$200
- Quarterly payroll \$75/month
- Monthly payroll \$100/month
- Semi-monthly payroll \$115/month
- HR411 (optional HR support) is an additional \$50/month

Frequency selected: \_\_\_\_\_ IL Withholding Account ID: \_\_\_\_\_

Payroll start date: \_\_\_\_\_ IL Unemployment Account ID: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Self-employed health insurance? Y / N

Prior Payroll run this year? Y / N  
If yes, monthly insurance amount: \_\_\_\_\_

**Client Responsibility:**

It is the sole responsibility of the Client to provide the appropriate and accurate information to Reed Accounting. Any updates are the responsibility of the client.

*Client can terminate this agreement at any time. The Client will be billed monthly, at the beginning of the month, for services rendered during the preceding month. Any adjustment to the rates will be discussed before rendering any further services.*

Acknowledged and agreed,

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Client signature, name and date

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Jessica Reed, CPA - Reed Accounting, LLC

# CREDIT CARD / ACH PAYMENT AUTHORIZATION

Check One (1) and Enter Your Details

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- **Recurring Charge** - You authorize regularly scheduled charges to your credit card or bank account. You will be charged at the beginning of each month. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, \_\_\_\_\_, authorize Reed Accounting LLC to charge my  
(Full Name)

Credit Card or Bank Account below for \$\_\_\_\_\_ for accounting services on the 1st day of each month.

This payment is for \_\_\_\_\_.  
(Description of Services)

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- **One (1) Time Charge** – Sign and complete this form to authorize the merchant below to make a one-time charge to your credit card or bank account listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I, \_\_\_\_\_, authorize Reed Accounting LLC to charge my  
(Full Name)

credit card or bank account indicated below for \$\_\_\_\_\_ on \_\_\_\_\_.  
(Amount \$) (Date)

This payment is for tax preparation services or other accounting services.

## Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Bank (ACH)

Checking       Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_



## Credit Card

Visa       MasterCard

Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_

CVV \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_