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1950 Durham Road • New Hope, PA 18938

Tel: 215.794.5675 • Fax: 215.794.9799

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*Licensed in PA and Member of PICPA, ^Member of AICPA, +Licensed in NJ

Catherine A. Ponist, CPA*

Lynne E. Slaweski, CPA*^

Nicole M. Simmons

Sam Atlivankine, CPA+

Electronic Extension Payment Form

Name: _____

Phone Number: _____

Name of Financial Institution: _____

☐ Checking Account

☐ Savings Account

Routing Number: _____

Account Number: _____

By submitting this form to our office you are granting us permission to electronically submit payment for your extension.

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