

AUTHORIZATION AGREEMENT CREDIT CARD PAYMENTS



**ACCOUNTING &
TAX SERVICES, P.C.**

Effective date of authorization: _____

- Type of authorization
- New authorization
 - Change withdrawal amount
 - Change withdrawal date
 - Change banking information

Client Name	Client ID
Address	
City	State Zip

Date of first withdrawal (MM / DD / YYYY): _____

Frequency of withdrawal: (check only one)

- Monthly on the 1st \$ _____
- Weekly (Mondays) \$ _____
- Upon issuance of Invoice
- Semi-Monthly - 1st and 15th \$ _____
- Other (specify): _____

Non-routine invoices will be drafted 7 days after issuance

CREDIT CARD <small>(not available for "payroll only" services)</small>	Please charge my credit card (check one): <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover		
	Credit Card Number:	Expiration Date	Security Code
	Name on Credit Card		
	Billing Address (if different from above)		
	I hereby authorize [Firm Name] to charge my credit card in accordance with the information above		
	Authorized Signature: _____	Date: _____	