

CREDIT/DEBIT CARD PAYMENT AUTHORIZATION

ACCT NO.

Business Name (if applicable): _____

Name on Card: _____

Billing Address of Card: _____ APT/ STE. NO.

City: _____ **State:** _____ **Zip:** _____

HOME PHONE
BUSINESS PHONE
E-MAIL

CELL / PAGER PHONE
FAX PHONE

Credit Card: _____ **Visa** _____ **Mastercard**
_____ **Amex** _____ **Discover**

Card Number: _____ **Security Code:** _____

Expiration Date: _____ / _____
(Month) (Year)

AUTHORIZED AMOUNT \$ _____

I authorize Associated Accounting & Tax Services to charge my credit card for payment of their services. If Associated Accounting & Tax Services is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Cardholder: _____ **Date:** _____

Printed Name of Cardholder: _____

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**Please send this completed credit card authorization form to our office via:**

Project Assigned To:

Preparer

Bkkr

**Toll Free FAX Number: 1-866-522-5829**

**E-mail to: Support@TaxHelp911.com**

**Mailing Address: TaxHelp911.com 1645 Fort Street, Wyandotte, MI 48192**