**PAC Bookkeeping & Consulting LLC**

**Credit Card Authorization Form**

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card 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 PAC Bookkeeping & Consulting LLC to charge my credit card indicated below for accounting services in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_ on the 1st of each month.

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| **Credit Card Information** |
| Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX |
| Cardholder Name (as shown on card):  |
| Card Number:  |
| Expiration Date (mm/yy): CVV Code:  |
| Card Billing Address:  |
| Card Phone Number:  |

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify PAC Bookkeeping & Consulting LLC (pacbandc@gmail.com) 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 1st of the month falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of US law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

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Client Signature Date