

Client Credit Card Authorization Form

In an effort to better serve our clients and simplify your billing experience, our firm accepts credit cards for your convenience.

CHARGE AUTHORIZATION

ONE TIME PAYMENT:

_____ I hereby authorize _____ to charge the balance currently
(Initial) due for the amount of \$_____.

RECURRING PAYMENTS:

_____ I hereby authorize _____ to charge the balance due each
(Initial) month. Payment will be processed on the _____ each month for prior month fees.

_____ Being the authorized cardholder or the Corporate Officer, by signing above I understand and
(Initial) agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

PAYMENT INFORMATION

Client Name: _____

Client Billing Address: _____

Type of Card:    

Card Number: _____

Expiration Date: _____ Security Code: _____

The undersigned guarantees performance of the financial provisions of this agreement.

Cardholder Name: _____

Signature of Cardholder: _____ Date: _____

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