Credit Card Billing Authorization Form

Please complete the form below to authorize your credit card to be charged as indicated in the Letter of Engagement between you and ASAP Accounting & Payroll Services, Inc.

Feel free to contact us directly with any questions. We look forward to working with you.

Sincerely,

ASAP Accounting & Payroll Services, Inc.

Billing Authorization

Please bill my credit card monthly. I approve you to do on the approximate day of billing for my scheduled monthly invoice as outlined in my agreement.

Billing Information

Please select your credit card type:

❒ American Express
❒ Visa
❒ MasterCard

Company Name:_____

Contact Name: _____Title:_____

Billing Address:_____

City: _____ State: _____ Zip:_____

Credit Card #: _____

Date of Expiration: _____ Security Code: _____
(3 digit code, or 4 (Amex))

Name on Credit Card: _____

I authorize ASAP Accounting & Payroll Service to bill this credit card on a recurring basis for services provided and prices under agreement with ASAP Accounting & Payroll Services, Inc.

Authorized Signature: _____ Date: _____

Telluride
phone 970.728.6777
fax 970.728.6848
220 East Colorado Avenue, Suite 219
P.O. Box 2710
Telluride, CO 81435

Montrose
phone 970.249.3334
fax 970.249.5817
1731 Niagara, Unit B
Montrose, CO 81401

Durango
phone 970.385.9888
fax 970.385.9889
160 East 12th Street, Suite 8
P.O. Box 4085
Durango, CO 81302

Carbondale
phone 970.963.4383
fax 970.963.4385
1040 Main Street
Carbondale, CO 81623

ASAP As Simple As Possible
ACCOUNTING & PAYROLL SERVICES, INC.

AUTHORIZATION AGREEMENT FOR AUTOMATED DEBITS

(ACH Debits)

Company Name: _____

I (we) hereby authorize ASAP Accounting & Payroll Service, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) ____ CHECKING ____ SAVINGS account (*select one*) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY

NAME_____

BRANCH_____

CITY_____ STATE_____ ZIP_____

ROUTING/ABA NO._____

ACCOUNT NO._____

This authority is to remain in full force and effective until COMPANY has received written notification from me of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s)_____

Date_____

Signature_____

PLACE A
VOIDED CHECK
HERE

Client Initials_____