

Moshe Klein & Associates, Ltd.
4959 W. Dempster Street
Skokie, Illinois 60077
888-432-8187

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Moshe Klein & Associates, Ltd.** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Moshe Klein & Associates, Ltd.** to charge my credit card account indicated below for \$ _____ (to be determined) when the tax returns are completed. This payment is for preparation of tax returns.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Cardholder Name _____
Account Number _____
Expiration Date _____
Security Code _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card. I understand that my credit card will be charged when the tax returns are completed. I understand that the exact fee will not be known to me until the tax returns are completed along with required forms and schedules. I have reviewed the fee schedule for tax returns provided to me and understand that the fee for services to prepare my tax returns will depend on the complexity of my returns. I understand that there will be a \$25 charge for credit cards that are declined for any reason and a late fee of \$25 will be added to the amount due plus 2% interest monthly on the unpaid balance till it's paid in full.

SIGNATURE _____ DATE _____