

Moshe Klein & Associates Ltd

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888-432-8187

Recurring Credit Card Payment Authorization Form

Sign and complete this form to authorize **Moshe Klein & Associates, Ltd.** to make regular and scheduled debits 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 each month (or as indicated). You may cancel or modify this authorization **at any time** with proper notice in writing. No other charges to my card will be made without my express permission. At no time will any charges be made to your card other than what you have expressly authorized. All credit card information is kept securely under lock and key in our office and not stored in the cloud.

Please complete the information below:

I _____ authorize **Moshe Klein & Associates, Ltd.** to charge my credit card account indicated below for payment of fees related to bookkeeping, accounting and tax services as outlined under separate cover.

I authorize my card to be charged: ___ Monthly ___ Weekly ___ Other (Specify) _____

I authorize my card to be charged on or after the _____th day of each month.

I authorize my card to be charged \$_____ each month (in total).

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard 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 as indicated and do not expect to be called in advance of the charge – permission to charge is expressly granted. I have reviewed the fee schedule for services to be rendered as outlined under separate cover and agree to them. 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 _____