

**Moshe Klein & Associates, Ltd.**  
4959 W. Dempster Street  
Skokie, Illinois 60077  
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.

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**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 \_\_\_\_\_