



Certified Public Accountants

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## Recurring Payment Authorization Form

### Here's How Recurring Payments Work:

To set up a Payment Plan, you authorize monthly charges to your credit card. You will be charged each month for the amount agreed upon. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided to you for each scheduled payment. Service charges will continue to accrue monthly until your balance due is paid in full.

### Please complete the information below:

I, \_\_\_\_\_ authorize Boulder CPA Group, P.C. to charge my card indicated below for the amount of \$ \_\_\_\_\_ on or after the **15th of each month** for client ID number (s) \_\_\_\_\_ until the balance due is paid in full.

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Credit or Debit Card Information

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Card # Last 4 Digits Only _____	Exp Date _____

***For security reasons, please call Katie at 303-951-6020 to provide your complete credit card details, which will be stored securely online.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand that this authorization will remain in effect until it has expired or I cancel in writing, and I agree to notify Boulder CPA Group, P.C. of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute the scheduled transactions with my bank or credit card company, provided the transactions correspond to the terms indicated in this authorization form.