



Payment Authorization Form

Choose **ONE** option below to authorize payment for your Thomson Accountants, Inc. services.

This is NOT for payment of any taxes due.

Clients must supply this form annually to verify their payment method or upon initiation of any service.

OPTION 1: Checking/Savings account for electronic debit *(No Fee)*

Name of Financial Institution: _____

Name on Account : _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

Client's Phone Number: (____) _____ - _____

OPTION 2: Credit Card *(3.5% convenience fee) *Visa and MasterCard only*

Card Type: Visa MasterCard

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ CVC (3 digits): _____

Billing Zip Code: _____

I/We hereby authorize Thomson Accountants, Inc. to initiate debit entries to our account at the financial institution provided above for the purpose of paying our fees for accounting and/or tax work.

An invoice will be issued upon completion of work for our provided services. The debit will be processed on the invoice due date. If the due date falls on a weekend or holiday, it will be processed the next business day.

I/We understand that if the funds are not available in the above account at the time of debit, TAI will send notification that the transaction could not be completed. TAI will charge for fees due to insufficient funds or other reasons of unaccepted payment.

Further, I/we agree not to hold TAI responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until TAI receives written notification of cancellation from me/us at the following email address **office@baertaxgroup.com**. The notice of cancellation must be received in such time and manner as to allow required time for processing.

Print Name: _____

Signed: _____ Date: _____