

ELECTRONIC PAYMENT AUTHORIZATION FORM

Please indicate your preferred method of payment.

Client/Company Name:

Payment by Credit Card

Credit Card: Visa MasterCard Am Ex Discover

Card #: _____ Exp. Date: __/____

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I hereby authorize Patricia P. Belcourt CPA PA to charge the account above, as agreed upon in the annual Statement of Work.

Client Signature

Date

I prefer other method of payment.