## Automatic Checking Account Billing Authorization Form Stan P Moore, CPA PLLC

If you would like to enjoy the convenience of automatic billing, simply complete the Checking Account Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your checking account for the amount indicated and your total charges will appear on your monthly bank statement. You may cancel this automatic billing authorization at any time by contacting us.

<b>Customer Information: (To</b>	be completed by merchant)		
Customer Name:		Phone:	
Payment Information (To I	be completed by merchant)		
I authorize Stan P Mc	oore CPA PLLC to automatically	draft my accou MONTHLY	nt for the amount listed below. QUARTERLY
*Amount:	Frequency:		
Start Billing on:			
Checking Account#:			
Routing Number:			
Cardholder's Name:	(as shown on credit card)		Zip Code:
Customer's Signature:			
Date:			

\*Amount subject to change when software subscription changes (Ex: Quickbooks Online) Customer hereby accepts future software subscription changes



## Stan Moore, CPA

## **Credit Card Payment Form**

(Check One)			
Visa			
Master Card			
AMEX			
DATE:		 	
Business Name	on Card:		
Full Name on th	ne Card:		
Credit Card #:			
<b>Expiration Date</b>	:		
(3 or 4 digits on the back of	f the card)		
Billing Address	on card:		
Zip Code:			