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 written notice. No other charges will be made without your permission.



**CREDIT CARD AUTHORIZATION FORM**

I authorize Willow Point Financial Services Ltd. to charge my credit card account indicated below for payment of fees related to bookkeeping service as outlined under the Bookkeeping Contract and its related amendment(s).

* I authorize my credit card to be charged: \_\_\_\_\_\_\_\_\_\_monthly, \_\_\_\_\_\_\_\_ weekly, other (please specify)
* I authorize my credit card to be charged on and or after the \_\_\_\_\_\_\_\_\_\_\_\_\_\_day of each month.
* I authorize my credit card to be charged $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ each month (in total).

**Card Information**

* Card Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VISA, \_\_\_\_\_\_\_\_\_\_\_Master Card, other (please specify)

* Cardholder Name:
* Expiration Date:
* Security Code:

**Billing Address**

* Address Line 1:
* Address Line 2:
* City:
* Province:
* Postal 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 and agree to them.

| **Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- |
| **Signed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**https://www.pandadoc.com/app/uploads/Templates-Signature-4.png**Date:  https://www.pandadoc.com/app/uploads/Templates-Voter-Agreement-2.png** |