

Tandy Consulting

Tax & Accounting Professionals

RECURRING PAYMENT AUTHORIZATION FORM

Customer's Name: _____

Address: _____

Email Address: _____

Monthly Amount: \$ _____

Home Phone Number _____

Business Phone Number _____

Cell Phone Number _____

Checking/ Savings Account

Checking Savings

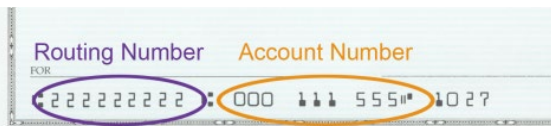
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card (3% service fee applies)

Visa MasterCard

Amex Discover

Cardholder Name _____

Card Number _____

Exp. Date _____

CVV Code: _____

Notice to cardholder: (Please read before signing)

Cardholder agrees that his/her signature on this form constitutes his/her signature on file and becomes his/her agreement to pay all charges as signed by the cardholder. Cardholder agrees that Tandy Consulting is authorized to charge an additional 3% service fee to all recurring credit card transactions.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Tandy Consulting in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds will be withdrawn from my account on the same day each month. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Tandy Consulting may at its discretion attempt to process the charge again, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. I understand that in the event 1.) My credit card expires or 2.) The charges for my monthly service changes, I will be required to fill out another payment authorization form.

Cardholder signature: _____

Date: _____