



Tax Services and Peacock Consulting LLC



Payment Authorization Form

Please complete this form to authorize Peacock Tax Service and Consulting to charge your credit/debit card for agreed-upon services and any applicable fees (e.g., cancellation, no-show, late arrival, emergency walk-in).

All information is kept strictly confidential and used solely for billing purposes.

Client Information

- **Full Name:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Date of Birth:** _____

Billing Information

- **Name on Card:** _____
- **Billing Address:** _____
- **City:** _____ **State:** _____ **ZIP Code:** _____

Card Information

- **Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
- **Card Number:** _____
- **Expiration Date (MM/YY):** _____
- **CVV:** _____

Authorization

I authorize **Peacock Tax Service and Consulting Services** to charge my card for the following:

- ☒ Services rendered (tax preparation, consulting, etc.)
- ☒ Appointment-related fees (late arrival, no-show, cancellation, emergency walk-in)
- ☒ Ongoing membership or subscription fees (if applicable)

This authorization will remain in effect until I provide written notice to revoke it. I understand that this form serves as advance notice for any fees outlined in the service policies, and no further notice will be required before charges are made.

Signature: _____

Date: _____