

CALIFORNIA PUBLIC ACCOUNTANCY CORP.

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Payment Authorization Form

Customer Information

Name: _____

Address: _____

E-Mail: _____

Amount : \$ _____ Monthly Quarterly Once On File

Charge to Credit/ Debit card

Card Number: _____

Expire Date: _____ CVV Code: _____

Billing Address : _____

Card Holder: _____

Charge to Bank Account

Bank Account # _____

Bank Routing # _____

Account Holder: _____

I authorize the above charge as a representative of the above person/ company.

Signature: _____ **Date:** _____