Brian Przystup & Associates, LLC

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One Time Credit Card Payment Authorization Form & E-file Authorization

Sign and complete this form to authorize Brian Przystup & Associates LLC to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Section 1:			
Please complete the information below:			
I authorize Bri (full name)	an Przystup & Associate	es LLC to charge	e my credit card /debit card
account indicated below for(amount)	on or after	(date)	This payment is for
(description of goods/services)			
Section 2:			
Billing Address	Phone#		
City, State, Zip	Email		
Section 3:			
Account Type: Visa MasterCard AMEX Discover			
Cardholder Name			
Account Number			
Expiration Date//			
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)			
By signing below You are confirming payment and authorizing Brian Przystup & Associates to Efile your tax return(s):			
SIGNATURE	DATE		

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/ services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company: so long as the transaction corresponds to the terms indicated in this form.