Florida Accounting & Advisers

Credit Card Authorization Form

Authorize payment for the selected monthly retainer and any applicable setup fees. Complete all fields, sign below, and return this page using a secure method.

Use of authorization. This form authorizes FL Accounting to process the amounts selected below for the engagement identified by the cardholder. Monthly retainer billing follows the selected service tier in the engagement letter.

PAYMENT SCOPE

MONTHLY RETAINER AMOUNT

ONE-TIME SETUP FEE(S)

COMPANY / ENTITY NAME

BILLING START DATE

CARDHOLDER INFORMATION

CARDHOLDER NAME

BILLING ADDRESS

CITY / STATE / ZIP

CARD NUMBER

EXPIRATION (MM / YY)

CVV

I authorize FL Accounting to charge the card listed above for the monthly retainer and any one-time setup fee(s) listed on this form and approved in the engagement letter. I understand that cancellation or changes to the monthly service plan require at least 30 days' prior written notice sent to **info@fl-accounting.com**.

Cardholder Signature

Date

Questions or changes? Contact FL Accounting at (561) 939-2553, (772) 323-4397, or info@fl-accounting.com. Stuart, FL.