

Euphrase Accounting Services
Credit Card Authorization Form

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____, authorize Euphrase Accounting Services to charge my credit card indicated below for accounting services in the amount of \$_____ on the 1st of each month.

Credit Card Information	
Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	CVV Code: _____
Card Billing Address: _____	
Card Phone Number: _____	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Euphrase K Amessoudji** (info@eakaccountingservices.com) in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the 1st of the month falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of US law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Client Signature

Date