



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Serl Keefer Welter CPAs LLP 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.

Please complete the information below:

I _____ authorize Serl Keefer Welter CPAs LLP to charge my credit card
 (full name)
 account indicated below for _____ on or after _____. This payment is for
 (amount) (date)

 (invoice number)

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Cardholder Name _____ Account Number _____ Expiration Date _____ CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____
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Please send my receipt via: _____ Email _____ U.S. Mail

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 invoice number 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.