

Payment Authorization

Tax Time with Terri

961 Oak Street, Beloit, Wisconsin 53511-5116

Telephone (608) 346-34620 • www.taxtimewithterri247.com



Billing Name: _____
Billing Address: _____
City, State and Zip: _____
Enter Phone Number: _____
Enter Email Address: _____

Payment Authorization

I _____ hereby give Tax Time with Terri permission to charge my account in the amount of as indicated below:

Payment Method	Credit Card Number	Exp (XX / XX)	Sec Code
VISA - MC - DISC - AMX	_____	_____	_____

Service Description	Amount
Tax Preparation Families:	\$145.00 <input type="checkbox"/>
Tax Preparation Single/Married:	\$65.00 <input type="checkbox"/>
Tax Estimate:	\$25.00 <input type="checkbox"/>
Tax Re-Check:	\$15.00 <input type="checkbox"/>

Electronic Signature Agreement

By typing your full name, you are signing this payment plan authorization, you agree that your electronic signature is the legal equivalent of your manual signature. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, constitutes your signature (hereafter referred to as ("Electronic Signature")), acceptance and acknowledgement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your Electronic Signature and that the lack of such certification or third party verification will

Client Signature

Date