



Credit Card/ACH Authorization

ACH Authorization

I hereby authorize **CPA Solutions, LLC** to initiate a recurring monthly debit from the account specified below to pay the monthly invoice from **CPA Solutions, LLC**. I further authorize **CPA Solutions, LLC** to debit said accounts for such amount allowed by law in the event a debit entry is rejected by the bank.

Bank Name _____

City _____

State _____ Zip _____

Account Type: Enter "x" to indicate type of account:

☐ Checking ☐ Savings

Name on Account _____

Account Number _____

Routing Number _____

Authorized Signature on the Above Account _____

Date _____

Credit Card Charge

I hereby authorize **CPA Solutions, LLC** to initiate a recurring monthly charge to the credit card specified below to pay the monthly invoice from **CPA Solutions, LLC**.

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ Other _____

WE DO NOT ACCEPT AMERICAN EXPRESS

Name on card _____

Credit Card Number _____

Expiration Date _____ CVV (3 digit number on back) _____

Billing address associated with the card _____

Authorized Signature on the Above Credit Card _____

Date _____