



Trusted accounting partners since 1998

Credit Card and/or Bank Draft
on File Authorization Form

Please fill out the details as to which payment method is preferred by indication below:

[] Credit Card Authorization

Card Holder's Name:
(Exactly as it appears on card) _____

Card No: _____

Expiration Date: _____

Security Code: _____
(Security Code – 3 digit number on the back of your card---4 digits on the front of AMEX)

Billing Address for Credit Card including Zip Code: _____

Card Type:
Visa () MasterCard () Discover () AMEX ()

Method of Authorization:
Via e-mail () Via telephone () When billed ()

Card Holder's Signature: _____

Date: _____

[] Bank Draft

Account Holder's Name:

(Exactly as it appears on the Account) _____

Routing No: _____ **Account No.** _____

Authorized Signature: _____

Date: _____

I hereby authorize Precision Accounting Services, Inc. to charge the credit card and/or draft my bank account as listed above for payment of charges to my account.

This form will be kept securely on file and will remain in effect until the expiration of the credit card account or there is a change to the bank account information. I may revoke this form by submitting a written request to the address listed below. A new form must be submitted when the credit card account's expiration date is amended or there is a change of routing number or account number on the bank account. I must also submit written notification to Precision Accounting Services, Inc. if the credit card is cancelled, lost or stolen or if the bank account is closed.

Precision Accounting Services, Inc.
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