



## Credit Card Authorization Form

I Ryan Stollewerk, authorize J2 Bookkeeping to charge my credit card indicated below for accounting services in the amount of **\$350** to be charged on the 1<sup>st</sup> day of each month.

I also authorize a one-time charge in the amount of **\$1,550** as discussed in the J2 Bookkeeping Agreement. (\$1,200 fee and \$350 for October.) You can direct any questions to [support@j2bookkeeping.com](mailto:support@j2bookkeeping.com) or call **210-970-0449**.

Credit Card Information	
Card Type:	
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 Jimmie Needles ([jimmie@j2bookkeeping.com](mailto:jimmie@j2bookkeeping.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 1<sup>st</sup> 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