



## Credit Card Authorization Form

I Dolly Holmes, authorize J2 Bookkeeping to charge my credit card indicated below for accounting services in the amount of **\$4,000.00** as a one-time only charge as per the J2 Bookkeeping Agreement.

You can direct any questions to [support@j2bookkeeping.com](mailto:support@j2bookkeeping.com) or call 210-970-0449. A separate form will be used for the monthly bookkeeping charges discussed in the agreement.

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