



Payment Authorization Form

The information provided below will be used to charge for Baer Tax Group services.

Name on Bank Account: _____

Name of Bank: _____

Account Type: Checking Savings

Routing Number (9 digits): _____

Account Number: _____

Billing Zip Code on Account: _____ Phone Number: _____

- OR -

Name on Credit Card: _____

Credit Card #: _____

Expiration Date: _____ CVC (3 digits on back of card): _____

Billing Zip Code on Account: _____ Phone Number: _____

**** (Visa and Mastercard only. Credit Card transactions incur a 3.5% convenience fee.)**

I/We hereby authorize Baer Tax Group to initiate debit entries to our account at the financial institution named below for the purpose of paying our fees for accounting and/or tax work.

Debits are processed upon completion of the work; an invoice will be sent. **The debit will take place 3 days from invoice being sent.** If the debit day falls on a holiday, the debit is processed the next business day.

I/We understand that if the funds are not available in the above account at the time of debit, Baer Tax Group will send notification that the transaction could not be completed. Baer Tax Group will charge for any fees due to insufficient funds or other reasons of unaccepted payment.

Further, I/we agree not to hold Baer Tax Group responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until Baer Tax Group receives written notification of cancellation from me/us at the following email address **office@baertaxgroup.com**. The notice of cancellation must be received in such time and in such manner as to allow enough time for processing.

Print Name: _____

Signed: _____ Date: _____