



BAER
TAX GROUP

Payment Authorization Form

I/We hereby authorize Baer Tax Group, Inc 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 at the time of the transfer, we will receive notification from Baer Tax Group, Inc that the transfer could not be completed. I/We will then bring current the total amount due by making a credit card payment over the phone with 3% fee.

Further, I/we agree not to hold Baer Tax Group, Inc 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, Inc 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.

Name on bank account OR credit card: _____

Name of bank: _____

Account Type: Checking Savings

Routing number (9 digits): _____ Account number: _____

Billing Zip Code on account: _____ Phone number: _____

OR

Credit card info: (will incur a 3% fee) Visa and Mastercard only.

Credit card #: _____

Expiration date: _____ Code from back of card (3 digits): _____

Billing Zip Code on account: _____ Phone number: _____

Printed Name: _____

Signed: _____ Date: _____