Credit or Debit Card Information Retention Form

Here's How Card Information Retention Works:
You authorize us to charge your card for the initial amount owed and we will securely store your credit card information. When you are invoiced in the future, you can let us know that your card information is kept on file when you are ready to pay the invoice. Alternatively, you can authorize us to charge your card on file automatically approximately 7 – 10 days after invoices are sent out. You will receive an emailed receipt when your credit card is charged.

Please complete the information below:

I, _____, authorize Boulder CPA Group, P.C. to charge my credit card

below for the amount invoiced for client ID number (s) _____.

I understand that my information will be retained on file for future transactions on my account.

Billing Address _____   Phone # _____

City, State, Zip _____   Email _____

Credit or Debit Card Information

□ Visa   □ MasterCard

□ Amex   □ Discover

Cardholder Name _____

Card # Last 4 Digits Only _____Exp Date_____

For security reasons, please call Katie at 303-951-6020 to provide
your complete credit card details, which will be stored securely online.

Signature _____   **Date** _____

I understand that this authorization will remain in effect until it has expired or I cancel in writing, and I agree to notify Boulder CPA Group, P.C. of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute the scheduled transactions with my bank or credit card company; provided the transactions correspond to the terms indicated in this authorization form.