



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Atlantic Coast Tax and Accounting, Inc. to make a one time debit to your credit card listed below.

By signing this form you give permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Atlantic Coast Tax & Accounting, Inc to charge my
(full name)

credit card account indicated below for \$ _____ + a **3% processing fee charged by the credit**
(amount)

card processor on or after _____. This payment is for _____.
(date) (description of goods/services)

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Account Type: Visa Mastercard Discover American Express

Cardholder Name _____

Card Number _____

Expiration Date _____ CSV _____

(3 digit number for Visa/MC/ Discover
4 digit number for Amex)