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Client Credit Card Authorization Form

In an effort to better serve our clients and simplify your billing experience, our firm accepts credit cards for your convenience

ONE TIME PAYMENT:

_____ I hereby authorize Robert F Hockensmith, CPA, PC to charge the balance currently due for the amount of
(Initial) \$_____.

RECURRING PAYMENTS:

_____ I hereby authorize Robert F Hockensmith, CPA, PC to charge the balance due each month.
(Initial) Payment will be processed on the _____ of each month.

_____ Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the
(Initial) terms in this agreement, agree to pay, and specifically authorize to charge my credit card for the services
Provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card
upon request to be charged for the payment of any outstanding balances owed.

Client Name: _____

Client Billing Address _____

Type of card: _____  _____  _____  _____ 

Card Number: _____

Expiration Date: _____ Security Code: _____

The undersigned guarantees performance of the financial provisions of this agreement.

Cardholder Name: _____

Signature of Cardholder: _____ Date: _____