



TAX PREPERATION SERVICES

PLS FINANCIAL INC

721 US HIGHWAY 1 SUITE 105 • NORTH PALM BEACH, FLORIDA 33408

Office: (561) 693-1014 • Fax: (866) 922-5858 • Tax Cell: (561) 951-6741

Website: www.plsfinancialinc.com • Email: admin@plsfinancialinc.com

CREDIT CARD / ACH PAYMENT AUTHORIZATION

Check One (1) and Enter Your Details

- **Recurring Charge** - You authorize regularly scheduled charges to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____, authorize **PLS FINANCIAL INC** to charge my
(Full Name) (Merchant's Name)

Credit Card or Bank Account below for \$ _____ on the _____
(Amount \$) (day)
of each _____.
(week, month, etc.)

This payment is for _____.
(Description of Goods/Services)

- **One (1) Time Charge** – Sign and complete this form to authorize the merchant below to make a one-time charge to your credit card or bank account listed below.

By signing this form, you give us 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.

I, _____, authorize **PLS FINANCIAL INC** to charge my
(Full Name) (Merchant's Name)

credit card or bank account indicated below for \$ _____ on _____.
(Amount \$) (Date)

This payment is for _____.
(Description of Goods/Services)



TAX PREPERATION SERVICES

PLS FINANCIAL INC

721 US HIGHWAY 1 SUITE 105 • NORTH PALM BEACH, FLORIDA 33408

Office: (561) 693-1014 • Fax: (866) 922-5858 • Tax Cell: (561) 951-6741

Website: www.plsfinancialinc.com • Email: admin@plsfinancialinc.com

Billing Information

Billing Address _____

Phone # 1 _____ Phone # 2 _____

City, State, Zip _____

Email _____

Bank (ACH)

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Routing Number _____



Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ / _____

CVV _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing 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 dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$ 35.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

AUTHORIZED SIGNATURE _____ **DATE** _____

PRINT NAME _____