



Credit Card Authorization Form

Date: _____

I (cardholder name listed below) authorize Alma’s Accounting and Tax Services (AATS) to process my payment on the card listed below on ___/___/2022 (date). I agree that if I fail to pay my tax service fee on the agreed upon date, I will be charged \$25 per each decline. It is the client’s responsibility to communicate with AATS if their payment needs to be assigned a new processing date.

I understand and agree to this payment for a service rendered and it does not guarantee an outcome outside of AATS control. I (client) do not hold AATS liable for any financial debt I have for student loans, unpaid child support, or other debts that may decrease my refund. I understand that I am still liable for the full amount written below. Failure to pay the fee below will result in AATS pursuing compensation through Small Claims Court. **I agree by signing below that I will incur all court filing fees plus an additional \$50 fee for staff time to file court documents and see the process out in full.**

\$_____ Tax Preparation Fee – *See invoice in tax return for reference*

\$_____ Service Fee – *if you are postdating your payment, add \$25 service fee*

\$_____ Total Fee – *add above Tax Prep Fee and Service Fee for your total*

Card Number: _____

Expiration Date: _____ CVV Code: _____

Billing Zip Code: _____

I am an authorized user of the above account. I authorize AATS to process the payment above with the information I have provided. If the above payment is declined, I agree to an additional \$15 administration fee per event. In the event that AATS is unable to collect their service fee, I understand that further collection action may be taken and agree that all expenses incurred during such process will be my, the clients, responsibility. By signing below, I agree to these terms.

Card Holders Printed Name

Today’s Date

Card Holders Signature

Name of Client if different than Cardholder