



1903 N. HERCULES AVE
CLEARWATER, FL 33763
(727) 610-1024
TaxServiceMasters@gmail.com

Credit Card Authorization

Client Name / Business Name: _____

Name on Credit Card: _____ Credit Card Number: _____

Expiration Date (mm/yyyy): _____ / _____ CVV code: _____

Address: _____ City: _____ State: _____ ZIP: _____

I authorize the IRYS ACCOUNTING LLC DBA: TAX SERVICE MASTERS to charge my credit card in the amount of \$ _____ and other such amounts as outlined in the agreed Engagement Letter.

Signature: _____ Date: _____

===== ONLY CHOOSE ONE (CREDIT CARD AUTHORIZATION OR ACH AUTHORIZATION) =====

ACH Authorization

Financial Institution: _____

Account Number: _____ Routing Number: _____

I authorize the IRYS ACCOUNTING LLC DBA: TAX SERVICE MASTERS to charge my bank account in the amount of \$ _____ and other such amounts as outlined in the agreed Engagement Letter.

Signature: _____ Date: _____

Terms

I understand that this authorization will remain in effect until I cancel it on-line or via email taxservicemasters@gmail.com, and I agree to notify IRYS ACCOUNTING LLC DBA: TAX SERVICE MASTERS 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. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that IRYS ACCOUNTING LLC DBA: TAX SERVICE MASTERS may at its discretion attempt to process the charge again within 30 days, and agree to an additional 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.

To Cancel Recurring Billing: Email: TAXSERVICEMASTERS@GMAIL.COM Subject: Cancel Recurring Billing Or Cancel Online	IRYS ACCOUNTING LLC DBA: TAX SERVICE MASTERS 1903 N HERCULES AVE CLEARWATER, FL, 33763 Phone: (727)241-9760 (727)610-1024
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- IF YOU SUBMIT THIS FORM FROM OUR WEBSITE www.TaxServiceMasters.com/autopay/ YOU WILL RECEIVE A COPY TO THE EMAIL ADDRESS YOU PROVIDED. NO FURTHER ACTION IS NEEDED.

- IF YOU ARE FILLING OUT THIS FROM YOUR COMPUTER, EMAIL COMPLETED COPY TO TAXSERVICEMASTERS@GMAIL.COM