



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

### Credit Card Information

Card Type:     MasterCard       VISA                       Discover                       AMEX  
                      Other \_\_\_\_\_

Cardholder Name (*as shown on card*):

Card Number:

Expiration Date (mm/yy):

CVS:

Address:

City:

Province:

Postal Code:

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above on the \_\_\_\_ of every month for monthly bookkeeping services at a rate of \$ \_\_\_\_\_ ( inclusive of GST and PST). I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

Please email form to:

[info@ajbookkeeping.ca](mailto:info@ajbookkeeping.ca)