

TFMS Recurring Payment Authorization Form

To enjoy the convenience of automatic recurring billing, simply complete all sections of this form and sign. All requested information is required. Upon approval, we will automatically debit your credit/debit card or draft your bank account for the amount indicated and your total charges will appear on your monthly statement. You may cancel the automatic billing authorization at any time by calling us.

Customer Information		
Customer/Company Name:	_____	
Contact Name:	_____	
Company/Contact Address:	_____	
Phone #:	_____	Email: _____
Payment Information		
I authorize Trinity Financial Management Solutions to automatically debit the credit/debit card or bank account list below as specified:		
Product/Service description Bookkeeping Services		
Recurring Amount \$	_____	
Frequency (check one)	<input type="checkbox"/> Weekly <input type="checkbox"/> Twice/month <input type="checkbox"/> Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Quarterly	
Start On	_____/_____/_____ (Month) (Day) (Year)	
Credit/Debit Card or Bank Information		
Account Holder's Name	_____	
(as it appears on the card/bank account)		
Credit/Debit Card type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Amex	
Credit/Debit Card #	_____	
Cardholder Zip Code	Expiration Date	3 Digit CSV
_____	_____	_____
(for credit/debit card billing address) (security code back of card)		
Name of Bank	_____	
Bank Routing #	_____	Checking Account # _____
Customer's Signature	_____	Date _____

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