



AUTOMATIC CREDIT CARD DRAFT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

DAYTIME PHONE: _____

I _____ authorize Above and Beyond Financial Services Inc. to charge my credit card monthly for invoiced Bookkeeping services until the termination of Agreement. I understand that Above and Beyond Financial Services Inc. is not responsible for any fees that I may incur from this monthly charge.

CARD TYPE: VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER (please circle one)

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD NUMBER: _____

EXP DATE: _____ V-CODE: _____

SIGNATURE: _____

DATE: _____