



BOOKKEEPING SERVICES AUTO PAY AGREEMENT & AUTHORIZATION FORM

As a value added service, Bottom Line Management now offers the convenience of Auto Pay.

I understand and agree to the Auto Pay Agreement as outlined in this letter. I understand the payment term is effective with my first monthly invoice and will continue the length of our bookkeeping relationship.

Payment will be processed monthly, for work completed in that month, for the agreed upon flat monthly rate of _____. I have provided my payment information below.

My signature below indicates that I honor and accept this agreement.

Printed Name

Company Name

Signature

Date signed

Debit / Credit Card Authorization

AMEX / MC / Visa

Name (on card) _____

Card number _____

Expiration Date _____

CVV code _____

Billing Address (associated with card) _____

City _____

State _____

Zip Code _____