



1450 Ritchie Highway • Suite 101 • Arnold, MD • 21012

ELECTRONIC FUNDS TRANSFER & CREDIT CARD AUTHORIZATION

PAYMENT METHOD

I choose to make payments by:

1. _____ELECTRONIC FUNDS TRANSFER (EFT)

Check one: Checking Savings

Please complete the below information AND attach copy of a voided check

Account Holder Name	ABA Routing Number
Financial Institution Name At Which Account Is Held	Account Number

I authorize Quali-i-Tax, Inc. to perform a monthly Electronic Funds Transfer (EFT) from my checking/savings account for each month billed.

Accountholder Signature

Date

2. _____CREDIT CARD

Please complete the below information

Cardholder Name (Business or Individual)	Credit Card Account Number
Card Type (Circle) MC/Visa AMEX Discover	Expiration Date (MM/YY)
Cardholder Billing Address	City State Zip
CVC Code	Email address

I authorize QualiTax, Inc. to charge my credit card for statements and invoices. Should my card expire or be declined, I will promptly provide QualiTax, Inc. with new credit card information.

Check One:

A. _____Recurring payments. I may revoke this authorization with 30 days advance written notice to QualiTax.
To be charged on or about the first of every month.

B. _____One-time payment of \$ _____

Cardholder Signature

Date

QualiTax, Inc. will safeguard the above confidential information and use it only for the above noted purpose; it will not be released to any unauthorized parties.