

CLIENT PAYMENT FORM

TO PAY BY ELECTRONIC DEBIT FROM YOUR CHECKING ACCOUNT VIA ACH:

Dollar Amount \$

Name on Account:

Bank Name:

Phone Number:

Routing Number:

Account Number:

I authorize Hanson McClain Tax Solutions to debit the above checking account for the above invoice amount. I understand that this debit will be taken directly from the above listed account and not subtracted from any potential refund of my taxes.

Signed: _____ Date: _____

TO PAY BY CREDIT/DEBIT CARD:

Dollar Amount \$

Name on Card:

Billing Zip Code:

_____ CVC: _____

Card Number:

Expires:

I authorize Hanson McClain Tax Solutions to charge the above credit card for the above invoice amount.

Signed: _____ Date: _____