



## 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 Allworth 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 Allworth Tax Solutions to charge the above credit card for the above invoice amount. Signed:

Date: \_\_\_\_\_