



CREDIT / DEBIT CARD PAYMENT AUTHORIZATION FORM

CUSTOMER INFORMATION – (As it appears on credit card)

Company Name: _____

First Name: _____ Last Name: _____

BILLING INFORMATION

Credit Card Mailing Address: _____ Suite #: _____

City: _____ State: _____ Zip _____

CREDIT / DEBIT CARD INFORMATION & AUTHORIZATION

Check one: ☐ VISA ☐ MASTERCARD ☐ Discover ☐ Please use my card on file ending in: _____

Card #: _____

Card Expiration Date: _____ Verification Code: _____

PAYMENT DETAILS

Retainer Fees: \$200 for each business return, \$100 for each individual return and projects. (balance due upon completion)

Retainer (if applicable): _____

Balance Due: _____

Invoice #: _____

Payment for: _____

I, _____, authorize Halo CFO, LLC and its authorized credit/debit card transaction agent(s), to bill my credit/debit card account for monthly recurring payments, and/or other services. I also understand that I am responsible for any declined/returned payments, and may be subject to any interest, or fees accordingly. I understand failure to pay my bill may result in the reversal of all discounts and interest charged at 1.5% for each month or part thereof in the past due balance. I understand and agree I have or will receive (d) adequate services or product and that I owe for said services.

Signature: _____ Date: _____