KIDWELL & ASSOCIATES
ENROLLED AGENTS & CPAs

Credit Card Authorization

This information is confidential and will only be kept by Kidwell & Associates Finance Department.

How to complete this form:
1. Ensure that all fields have been filled in correctly.
2. Fields marked with an * are mandatory and must be completed.
3. Once completed you can submit this form by fax to **(239) 992-0159** or email to info@KidwellTax.com

Part 1 - Client Details

Name (first, last): _____

Billing Address: _____

Phone #: _____ Email: _____

Part 2 – Credit Card Details

I authorize Kidwell & Associates to debit my Credit card in the amount of

for a: ☐ one-time payment ☐ monthly payment on the _____ of each month.

Card type: ☐ VISA ☐ Mastercard ☐ American Express ☐ Discover

Cardholder's Name* (please print name in capital letters)

Credit Card Number*

- -

Expiration Date*

-

3-Digit CVC*

4-Digist CID
(AMEX Only)

Card Holder's Signature*

Date*