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Electronic Payment Authorization Form

By signing below, I authorize SSC Services, Inc. to collect directly from my account the amounts required to pay my 2008 tax return preparation fees, as follows:

- | | <u>ACH
Debit</u> | <u>Credit
Card</u> |
|---|--------------------------|--------------------------|
| 1. Balance due upon completion of tax returns
<i>Note: Payment will be processed when tax returns are delivered.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

I understand that this electronic payment authorization is for 2008 tax preparation fees and will expire on 12/31/2009 and that I must provide 3 days notice to cancel any payment authorized on this form.

Accepted by: _____
Signature Date

Account Information

ACH Debit from Checking Account

Attach VOIDED Check

Bank Name _____
Bank Address _____
City _____ State _____ Zip _____
Account Number _____
Routing Number _____
Name on Account _____
Authorized Signature _____

Credit Card Payment

Card Type Visa MasterCard American Express
Card Number _____ / _____ / _____ / _____ Exp. Date _____ / _____
Security Code (3 digits for Visa/MasterCard; 4 digits for American Express) _____
Name as shown on card _____
Company _____
Billing Address _____
City _____ State _____ Zip _____
Cardholder Signature _____ Date _____