

# Credit Card Payment

## Better Business Services, Inc. Optional Payment Methods

BETTER BUSINESS SERVICES, INC.   
  TAXLOGIC   
  SUMMERLAND COVE RENTAL  
*(indicate applicable company above)*

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT/DIRECT DEBIT

EMPLOYEE/CLIENT \_\_\_\_\_ SOCIAL SECURITY NUMBER/FEDERAL ID NUMBER \_\_\_\_\_

I (we) authorize the above named company to credit/debit my (our) account with the depository named below. If the company erroneously deposits funds into my (our) account, I authorize the above BBS entity to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

DEPOSITORY NAME	<input type="checkbox"/> BANK <input type="checkbox"/> SAVINGS AND LOAN <input type="checkbox"/> CREDIT UNION <input type="checkbox"/> OTHER	CITY	STATE	ZIP CODE
TRANSIT/ABA NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS ACCOUNT    ACCOUNT	ACCOUNT NUMBER		

This authorization will remain in effect until the above BBS entity has received written notification from me (or either of us) that is to be terminated in such time and manner for the company to act on it.

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

— Please Attach Copy of Voided Check —

Monthly Fee \$ \_\_\_\_\_ Policy Cost \$ \_\_\_\_\_

This is a one time charge.   
  This is a recurring monthly charge.   
  This is a recurring annual charge.

*(Please complete in full)*

**USE THIS SECTION FOR CREDIT CARD AUTHORIZATION ONLY**

CREDIT CARD NUMBER _____	EXPIRATION DATE _____	3 OR 4 DIGIT VERIFICATION CODE _____																																																						
<small>IMPRINTED DATA ONLY ABOVE THIS LINE — DO NOT CIRCLE EXPIRATION DATE</small>																																																								
NAME ON CARD _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:5%; text-align: center;"><input checked="" type="checkbox"/></td> <td colspan="4" style="text-align: center;">EXPIRATION AND VALID DATES CHECKED</td> <td colspan="3" style="text-align: center;">AUTHORIZATION NUMBER</td> <td colspan="3" style="text-align: center;">DATE</td> </tr> <tr> <td style="width:5%; text-align: center;">CASHIER</td> <td style="width:10%;">DEPT.</td> <td style="width:40%;">DESCRIPTION</td> <td style="width:10%;">MONTH</td> <td style="width:10%;">DAY</td> <td style="width:10%;">YEAR</td> <td style="width:10%;">AMOUNT</td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> </tr> <tr> <td>NAME ON CARD _____</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>CARD BILLING ADDRESS _____</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>CARD CITY, STATE ZIP _____</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		<input checked="" type="checkbox"/>	EXPIRATION AND VALID DATES CHECKED				AUTHORIZATION NUMBER			DATE			CASHIER	DEPT.	DESCRIPTION	MONTH	DAY	YEAR	AMOUNT				NAME ON CARD _____											CARD BILLING ADDRESS _____											CARD CITY, STATE ZIP _____										
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<small>Cardmember acknowledges receipt of goods and/or services in the amount of the TOTAL shown hereon and agrees to perform the obligations set forth in the Cardmember's agreement with the Issuer.</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">SUB TOTAL</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>TAX</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td></td> <td></td> </tr> </table>		SUB TOTAL				TAX				<b>TOTAL</b>																																													
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**Fax completed form to (800)760 6837 or email to your point of contact.**