



## Payment Authorization

The undersigned hereby authorizes Corvid Tax, LLC to charge the designated account(s) as specified below. The undersigned warrants that sufficient funds will be available on the designated transaction date(s). In the event funds are not available, the undersigned agrees to pay an additional non-sufficient funds charge of \$25.00.

Your final tax forms or other work cannot be filed or completed until payment is received.

**OPTION 1: BANK DRAFT / ACH**

Bank Name: \_\_\_\_\_ Name on account: \_\_\_\_\_  
 Acct number: \_\_\_\_\_ Routing number: \_\_\_\_\_  
 \$\$ Amount: \_\_\_\_\_ Date(s) to charge: \_\_\_\_\_  
 Account Type  business checking  personal checking

**OPTION 2: CREDIT / DEBIT CARD**

Name on Card: \_\_\_\_\_ Card Type (circle): VISA MC AMEX  
 Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Card CVV/CID: \_\_\_\_\_ (3 digit / 4 digit for AMEX) Billing Zip: \_\_\_\_\_  
 \$\$ Amount: \_\_\_\_\_ Date(s) to charge: \_\_\_\_\_

**OPTION 3: CHECK ENCLOSED**

**Send to:** Corvid Tax, LLC  
 4701 SW Admiral Way #292  
 Seattle, WA 98116

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 Keep the above info on file for future use. **OR**  Destroy form after processing payment

**SIGNATURE:**

\_\_\_\_\_  
 Authorized Account Signature                      Print Name                      Date