

All Dielde Described

## **Authorized Signature Form**

For the Company listed below, Tax Protection Plus LLC will debit a total of \$44.95 from the Company's bank account or credit card provided for each return that was e-filed with the Protection Plus program attached. This draft will be done every other week during tax season and once a month after tax season for all returns e-filed with Protection Plus attached. Protection Plus will provide the Company with a minimum of two business day's notice before the debit, and the Company has two business days from this notice to notify Protection Plus of any discrepancies. The Company can view their clients who have enrolled in Protection Plus by logging into their account at <a href="https://www.taxprotectionplus.com">www.taxprotectionplus.com</a>.

I hereby authorize Protection Plus referred to here within, to initiate electronic withdrawals and/or deposits to either the bank account or credit card account shown below. I understand that adjustment and/or revising entries may be made to this account to ensure an accurate and balanced accounting of all transactions.

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Company Name:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Owner/Authorized Signing Agent:		
Title:	Email Address:	
Alternate Signature if your bank req	uires two signatures:	
Software Provider:	EFIN:	
Fill out <b>ONE</b> of the following payme	ent methods. All Fields Required.	
1. BANKING ACCOUNT	1	
Routing (ABA) Number	Account Number A	ccount Type: Checking [ ] Saving [ ]
2. CREDIT CARD		
Name on Card:		
Address:		
City:	State:	Zip Code:
Card Type: VISA [ ] MasterCard [ ]	Discover [] AMEX []	
Credit Card Number		Expiration Date Security Code
Signature of Authorized Agent:		Date:
Please note: Any change to account info		