

Billing Policy

I _____, (Individual's name here), am an authorized representative of
_____ (Company name here), a client of B.T. Bryan Accounting, Inc.

- I understand that tax return invoices are due upon completion of the work.
- I understand that payments will be processed by the means indicated below upon receipt of the invoice unless other arrangements are discussed beforehand.
- I knowingly agree that this billing policy will be in effect without expiration.
- I agree to notify B.T. Bryan Accounting, Inc. of any credit card or bank account changes should they occur.

My preferred method of payment is selected and completed below:

Visa/ MasterCard

Card Number _____ Exp Date _____ Sec Code _____

Name on card: _____ Contact number _____

Complete Billing address for credit card _____

Electronic Debit from bank account:

Select One:

___ Business Checking ___ Business Savings ___ Consumer Checking ___ Individual Savings

Bank Account Number: _____ Routing Number (9 digits) _____

Name or Heading on account _____ Contact telephone number _____

Signed by: _____ Email: _____

Printed name _____ Title _____ Date _____

Telephone Number _____ Fax Number _____

My preferred method receive my payment receipt (Please circle one) (1)Email (2) US Mail (3)Don't send receipt