



Resolution Authorization Form

Sign and complete this form to authorize Tax Help Network to make debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount discussed on or after the signposted date. This is your consent to Tax Help Network to authorize any additional debits or credits to your account within contract.

Please complete the information below:

I, _____, authorize Tax Help Network to charge my credit card
(full name)

account indicated below on or after _____
(date)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Zip Code _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.