3030 E Market St | York, PA 17402
Call or text: 717-759-4227
AccountingServicesofYork.com
We'll count the beans... You enjoy the coffee!

INVOICE PREFERENCE & PAYMENT AUTHORIZATION

Complete this form in the office or fill it out and return it to ASY.

BUSINESS & CONTACT INFORMATION

Business name: _____

Business phone: _____ Business email: _____

Contact person: _____

Contact phone: _____ Contact email: _____

INVOICE DELIVERY | Select one

☐ Email invoice to: _____

☐ Paper invoice by U.S. mail to the address below:

Mailing address: _____

PAYMENT PREFERENCE | Select one

☐ Authorize ASY to write or stamp a check from my account for the amount due. (Signature stamp required.)

☐ Authorize ASY to charge my credit card for the amount due.

☐ I will send a check after receiving the invoice.

For automatic payments, text number to send receipt: _____

CARD DETAILS

Credit card number: _____

Expiration date: _____ CVV: _____

Billing address: _____

ZIP code: _____

AUTHORIZATION

I authorize Accounting Services of York, LLC to use the payment method selected above for monthly invoices for services rendered. If I selected payment by check or card, I authorize ASY to process the amount due using the method I selected. I may revoke this authorization by contacting ASY.

Authorized signature: _____ Date: _____

Printed name: _____ Title: _____

Declined payments: A $15 rebilling fee may be added once per invoice if ASY must contact you to arrange payment after a card is declined. No fee applies to ASY or payment-processor errors.

Do not email this form. Upload it to SmartVault or hand-deliver it to ASY.

Questions? Call or text 717-759-4227.