

# JENNINGS & CLOUSE, PLC

CERTIFIED PUBLIC ACCOUNTANTS

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[www.jenningsclouse.com](http://www.jenningsclouse.com)

Client: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Address on Billing Statement: \_\_\_\_\_  
\_\_\_\_\_

Type of Credit Card:  VISA      OR       DISCOVER  
 MASTERCARD   OR       AMERICAN EXPRESS

Credit Card Account Number: \_\_\_\_\_

Verification Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I am authorizing Jennings & Clouse, PLC to electronically file, on my behalf, all tax returns and/or reports required by federal, state and/or local law that I have previously requested to be prepared by Jennings & Clouse, PLC. I will receive notification of the electronic filing and payment or refund by Jennings & Clouse, PLC.

I am authorizing Jennings & Clouse, PLC to utilize the above information for filing, payment or refund of all tax returns and/or reports previously requested to be prepared by Jennings & Clouse, PLC. Jennings & Clouse, PLC will take precautions to minimize any risk of misuse of financial information; however, Jennings & Clouse, PLC does not accept any risk for loss or damage of misuse of financial information beyond our firm.

This election will remain in effect until Jennings & Clouse, PLC has been notified in writing of a revocation of the authorization.

\*\*If you would like to choose the date the payment is deducted from your account, please notify us in writing before filing of your returns. Otherwise, amounts will be marked to pay or refund when the tax return or report is complete and filed.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date