

Third Party Credit Card Authorization Form

Payment Policy

One Time Payment

_____ By signing this document, I _____ hereby authorize _____ to
(Initial) (Full Name) (Firm Name)
charge the balance due in the amount of \$ _____ as payment for the services rendered.

Recurring Payment Plan

_____ By signing this document, I hereby authorize _____ to charge the balance
(Initial) (Firm Name)
due every _____ as payment for legal services. The payment will be
(Period)
processed on the _____ of each month for the previous month's fees.
(Day)

Late Fees

_____ If Payment is not received by _____, any balance owed will be charged to
(Initial) (Date)
the credit card provided.

Refunds (Optional)

_____ Payment(s) for services provided by this firm are non-refundable.
(Initial)

Cardholder Information

Client Name _____

Client Phone Number _____

Cardholder Billing Address _____

Cardholder Name _____

(Name as it appears on card)

Last 4 digits of Card Number _____

(Do NOT enter full card number, only the last 4 digits)

Expiry Month _____

CVV _____

Credit Card Type

☐ MasterCard

☐ Japan Credit Bureau (JCB)

☐ Visa

☐ China UnionPay (CUP)

☐ American Express

☐ Other _____

☐ Discovery

(Write)

Cardholder Signature _____

Date _____

I authorize the above named business to charge the credit card indicated in this authorization form. This payment authorization is for the amount indicated above, and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I accept the terms of this agreement.