



Client Credit Card Authorization Form

This form records your authorization only. Your full card number and security code are NOT collected here — they are entered securely through our payment system when the charge is processed.

I, _____ authorize _____
(Cardholder Name) (Firm Name)
to charge the amount of \$ _____ as payment for legal services.

Cardholder Information

Client Name _____

Client Phone Number _____

Billing Address _____

Cardholder Name _____
(Name as it appears on the card)

Last 4 Digits of Card
(Last 4 digits only — for matching/reference. Do NOT write the full card number.)

Expiration (MM/YY) _____

Card Type ☐ Visa ☐ Discover
☐ Mastercard ☐ American Express
☐ Other: _____

Authorization & Certification

I certify that I am an authorized user of the credit card identified above and that I accept the terms of this agreement. I authorize the named firm to charge my card as indicated. For recurring authorizations, this consent remains in effect until I notify the firm in writing to cancel it. I understand I may revoke this authorization at any time by providing written notice to the firm, and that revocation does not affect charges already processed.

Cardholder Signature _____ Date _____