



Credit Card Authorization Form

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

Recurring Payment Plan

(Initial) I authorize _____
(Firm Name) to charge the balance due on each
invoice, on the _____ day of each month, up to a maximum of \$ _____
(Day) (per charge — optional cap)
per charge. This authorization continues until I cancel it in writing.

Late Fees

(Initial) If payment is not received by the due date on the invoice, any balance owed may be charged to the credit card provided.

Refunds

(Initial) Fees are earned and refundable in accordance with the firm's engagement agreement and applicable rules of professional conduct.

Cardholder Information

Client Name _____

Client Phone Number _____

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

Cardholder Billing Address _____

Relationship to Client _____
(Only if cardholder is not the client — e.g., spouse, parent, employer)

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

Expiration (MM/YY) _____

Card Type ☐ Visa ☐ Amex
☐ Mastercard ☐ Discover
☐ Other: _____

Authorization & Certification

I certify that I am an authorized user of the credit card above and accept the payment terms I have initialed. I authorize the named firm to charge my card accordingly. Where I have authorized recurring charges, this consent remains in effect until I notify the firm in writing to cancel it; revocation does not affect charges already processed.

Cardholder Signature _____ Date _____