

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

_____ I authorize _____ to charge the balance due on each
(Initial) *(Firm Name)*
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

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

Refunds

_____ Fees are earned and refundable in accordance with the firm's engagement agreement and
(Initial) 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 _____