

Client Payment Authorization Form

In an effort to simplify your billing experience, our firm offers online payments for your convenience.

CHARGE POLICY

ONE/FIRST TIME PAYMENT:

(Initial) I hereby authorize _____ to charge the balance currently due for the amount of \$_____.

FUTURE PAYMENTS:

(Initial) I hereby authorize _____ to charge the balance due each month. Payment will be processed on _____.

POLICIES:

(Initial) Payments will be processed unless Client gives 24-hour notice that funds will NOT be available, and makes arrangements for a different payment date or schedule. Any NSF or bank fees are the Client's responsibility, and will be added to the next scheduled payment or balance due.

(Initial) Payment made for services delivered by this firm are non-refundable. In the case of retained services, any unused funds will be refunded to the Client upon completion of the Attorney-Client relationship.

(Initial) Being the authorized account holder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my account for the services provided. I further agree that in the event my account information becomes invalid, I will provide new valid information upon request, to be charged for the payment of any outstanding balances owed.

CARDHOLDER INFORMATION

Cardholder Name: _____

Cardholder Billing Address: _____

Type of Card:    

Card Number: _____

Expiration Date: _____ Security Code: _____

The undersigned guarantees performance of the financial provisions of this agreement.

Cardholder Name: _____

Signature of Cardholder: _____ Date: _____

eCHECK

First Name: _____ Last Name: _____

OR

Account Holder Name (if Business): _____

Account Type: Checking Savings Account #: _____ Routing #: _____

Signature Account Holder: _____ Date: _____