

## Client Credit Card Authorization Form

In an effort to better serve our clients and simplify your billing experience, our firm offers credit card acceptance 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 the \_\_\_\_\_ each month for prior month fees.

**POLICIES:**

\_\_\_\_\_  
(Initial) Payment is considered late after the \_\_\_\_\_ of the month. Any balance will be charged to the card on file. In addition, a late fee will be assessed in the amount of \$\_\_\_\_\_.

\_\_\_\_\_  
(Initial) Payment made for services delivered by this firm are non-refundable.

\_\_\_\_\_  
(Initial) In the case of retained services, any unused funds will be refunded to the card on file within \_\_\_\_\_ days of \_\_\_\_\_.

\_\_\_\_\_  
(Initial) Being the authorized cardholder 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 credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

PAYMENT INFORMATION

Client Name: \_\_\_\_\_

Client Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Card:        

Card Number: \_\_\_\_\_  
\* Per PCI Compliance guidelines, the last 4 digits may be recorded for verification purposes

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Card Holder Name: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_