

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 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 account 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 account on file within _____ days of _____.

(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: _____

* 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.

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: _____