
Third Party Payment Authorization Form

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

3RD PARTY PAYMENT

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

By signing I, _____, understand I am paying for legal fees on behalf
 (Initial) of, _____, a client with this firm. I understand I will receive no direct benefit from this transaction or the legal services provided. I also understand I am waiving my right to dispute this charge with my bank for claims of services not received or other similar claims of non-service.

CARDHOLDER INFORMATION

Cardholder Name: _____

Cardholder Billing Address: _____

Type of Card: **VISA** **DISCOVER**  **AMERICAN EXPRESS**

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: _____