

# Third Party Credit Card Authorization Form

## Payment Policy

### One Time Payment

\_\_\_\_\_ By signing this document, I \_\_\_\_\_ hereby authorize \_\_\_\_\_ to  
(Initial) (Full Name) (Firm Name)  
charge the balance due in the amount of \$ \_\_\_\_\_ as payment for the services rendered.

### Recurring Payment Plan

\_\_\_\_\_ By signing this document, I hereby authorize \_\_\_\_\_ to charge the balance  
(Initial) (Firm Name)  
due every \_\_\_\_\_ as payment for legal services. The payment will be  
(Period)  
processed on the \_\_\_\_\_ of each month for the previous month's fees.  
(Day)

### Late Fees

\_\_\_\_\_ If Payment is not received by \_\_\_\_\_, any balance owed will be charged to  
(Initial) (Date)  
the credit card provided.

### Refunds (Optional)

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

## Cardholder Information

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

Client Phone Number \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

Cardholder Name \_\_\_\_\_

(Name as it appears on card)

Last 4 digits of Card Number \_\_\_\_\_

(Do NOT enter full card number, only the last 4 digits)

Expiry Month \_\_\_\_\_

CVV \_\_\_\_\_

Credit Card Type

MasterCard

Japan Credit Bureau (JCB)

Visa

China UnionPay (CUP)

American Express

Other \_\_\_\_\_

Discovery

(Write)

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form. This payment authorization is for the amount indicated above, and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I accept the terms of this agreement.