

Third Party 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.

3RD PARTY PAYMENT





(Initial) I, _____, authorize _____ to charge my credit card for the amount due of \$_____.

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

CARDHOLDER 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: _____

eCHECK

First Name: _____ Last Name: _____
OR
Account Holder Name (if Business): _____

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

Signature of Card Holder: _____ Date: _____