

## 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: \_\_\_\_\_