

## 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 fees on behalf of,  
(Initial) \_\_\_\_\_, 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 or other similar claims of non-service.

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: \_\_\_\_\_