

CREDIT CARD AUTHORIZATION FORM

Sign and complete this form to authorize Yavitch & Palmer Co., L.P.A. to make a charge on your credit card listed below. By signing this form you give us permission to charge your account for the amount indicated on or after the indicated date.

CLIENT NAME

AMOUNT OF TRANSACTION \$

FREQUENCY **ONE TIME** **DATE**
 MONTHLY **STARTING MONTH**

- CHECK ONE OPTION**
- FIRST FRIDAY OF THE MONTH**
 - SECOND FRIDAY OF THE MONTH**
 - THIRD FRIDAY OF THE MONTH**
 - FOURTH FRIDAY OF THE MONTH**
 - LAST FRIDAY OF THE MONTH**

RECEIPT SENT TO **CLIENT**
 CARDHOLDER, IF DIFFERENT THAN CLIENT
 ADDRESS/EMAIL BELOW

Account Type: Visa MasterCard Discover

Cardholder Name

Billing Address

Phone

Account Number

Expiration Date CVV2 (3 digit code on back)

I authorize Yavitch & Palmer Co., L.P.A. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for legal services for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. If my credit card expires or is cancelled, I will notify Yavitch & Palmer Co., L.P.A. prior to the next scheduled payment date. My failure to do so will result in termination of services from Yavitch & Palmer Co., L.P.A. Cards that do not go as scheduled will be run subsequent weeks until payment is received.

SIGNATURE **DATE**