

Client Payment Authorization Form

In an effort to simplify your billing experience, our firm offers online payments for your convenience.

CHARGE POLICY

ONE/FIRST TIME PAYMENT :for ___ myself or on behalf of (client's name): _____

(Initial) I hereby authorize **PHILIPS & EPPERSON ATTORNEYS, LP** to charge the balance currently due for the amount of \$_____ for:

FUTURE PAYMENTS: for ___ myself or on behalf of (client's name): _____

(Initial) I hereby authorize **PHILIPS & EPPERSON ATTORNEYS, LP** to charge the balance due each month. Payment will be processed on the _____ each month for prior month fees.
~OR~

(Initial) I hereby authorize **PHILIPS & EPPERSON ATTORNEYS, LP** to charge _____ on the _____ of each month.

POLICIES: for ___ myself or on behalf of (client's name): _____

(Initial) Payment is considered late after the _____ of the month. Any balance will be charged to the account on file. In addition, a late fee will be assessed in the amount of \$_____.

(Initial) Payment made for services delivered by this firm are non-refundable.

(Initial) In the case of retained services, any unused funds will be refunded to the account on file or by check if applicable.

Being the authorized account holder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my account for the services provided. I further agree that in the event my account information becomes invalid, I will provide new valid information upon request, to be charged for the payment of any outstanding balances owed.

CARDHOLDER INFORMATION

Cardholder Name: _____

Cardholder Billing Address: _____

Type of Card: **VISA** **DISCOVER**  **AMERICAN EXPRESS**

Card Number: ENCRYPTED IN LAWPAY'S ELECTRONIC CARD VAULT - _____ (last 4 digits of card)*

* Per PCI Compliance guidelines, the last 4 digits may be recorded for verification purposes

Expiration Date: _____ **ON FILE** Security Code: _____ **ON FILE**

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: _____