



Sample Credit Card Authorization Forms

When given a choice, 75% of people prefer to make payments with a credit or debit card. Whether you already accept credit card payments from clients or you're considering it, you'll want to take steps to protect your firm against payment disputes. To do so, you can add a credit card authorization form to your intake paperwork. Attached are two sample authorization forms to help you get started.

The first form covers client authorizations, either to pay a current invoice or to authorize future scheduled payments. The second form covers authorizations for friends and family members who are making payments on behalf of your clients.

A note on the definition of "Retainer:" Lawyers are advised to review their local and state rules on how "retainer" is defined. While many states define retainer to include the advance payment of fees and costs to be held in trust subject to future billing, in Florida, retainers "are not funds against which future services are billed." Retainers are funds paid to guarantee the future availability of the lawyer's legal services and are earned by the lawyer upon receipt. Retainers, being funds of the lawyer, may not be placed in the client's trust account." See Florida Bar Rule 5-1.1- Trust accounts (Commentary).

DISCLAIMER: The sample forms made available here are provided for individual review and analysis, and are delivered without warranty or representation of fitness for specific use or compliance. The receiver hereof is advised to make any necessary modifications or adaptations which may be required for the user's specific needs, or for compliance with the user's applicable practice rules or state statutes.

Client 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.

CHARGE POLICY

ONE/FIRST TIME PAYMENT:

(Initial) I hereby authorize _____ to charge the balance currently due for the amount of \$_____.

FUTURE PAYMENTS:

(Initial) I hereby authorize _____ to charge the balance due each month. Payment will be processed on the _____ each month for prior month fees.

POLICIES:

(Initial) Payment is considered late after the _____ of the month. Any balance will be charged to the card 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 card on file within _____ days of _____.

(Initial) Being the authorized cardholder 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 credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

PAYMENT 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: _____

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

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

_____, By signing I, _____, understand I am paying for legal fees on behalf
(Initial) of, _____, a client with this firm. I understand I will receive
no direct benefit from this transaction or the legal 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: _____

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: _____

Cardholder Billing Address: _____

Signature of Cardholder: _____ Date: _____