THE COWAN FIRM
BUSINESS LAW

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The Cowan Firm

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:

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

FUTURE PAYMENTS:

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

POLICIES:

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

_____ 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 within_____
(Initial)   days of_____.

_____ Being the authorized account holder or the Corporate Officer, by signing above I understand and agree to
(Initial)   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: _____   (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: _____