



THE COWAN FIRM
—BUSINESS LAW—

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The Cowan Firm

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 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 or other similar claims of non-service.

CARDHOLDER INFORMATION

Cardholder Name: _____

Cardholder Billing Address: _____

Type of Card:



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: _____