

# ATTORNEY SERVICES OF EL DORADO COUNTY

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## CREDIT/DEBIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, authorize Attorney Services of El Dorado County to  
charge my card/bank account for the amount of \$\_\_\_\_\_.

### **I authorize this as a (please mark one):**

-One time debit to my credit/debit card or bank account \_\_\_\_\_

-Continuing authorization to my credit/debit card or bank account

for any future fees incurred \_\_\_\_\_

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Client**

### **Credit Card Information:**

Visa\_\_\_\_\_ MasterCard\_\_\_\_\_ American Express\_\_\_\_\_

Card Number: \_\_\_\_\_

Name(as it appears on the card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Expiration Date:\_\_\_\_\_ CCV (3 digit number on back of card):\_\_\_\_\_