



## Sample Credit Card Authorization Forms

When given a choice, 79% of adults prefer to make payments with a credit or debit card.\* Whether you already accept credit card payments from clients or you're considering it, firms will want to take steps to protect the firm against payment disputes.

To help avoid future issues, you can add a credit card authorization form to your client's intake paperwork, or make it available as an option to the client throughout his or her project with your firm.

The following form covers authorizations either to pay a current invoice, or to authorize future payments. DesignPay also makes it easy to schedule future payments of specified installments; simply click the "Schedule" tab in your DesignPay account and type in the requested information.

DesignPay provides you with many benefits, including storing your clients' credit card data in its Electronic Card Vault. This means that you don't have to search for a client's authorization form at the end of every month to run their payment, and that you do not have to store sensitive cardholder data in your office should you so choose.

***DISCLAIMER: The sample forms made available herein are provided for individual review and analysis, and are delivered without warranty or representation of fitness for specific use or compliance. The user 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 and federal laws.***

# Client Credit Card Authorization Form

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

CHARGE POLICY

### ONE/FIRST TIME PAYMENT:

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

### FUTURE PAYMENTS:

\_\_\_\_\_  
(Initial) I hereby authorize \_\_\_\_\_ to charge the balance due each month, as reflected on the cardholder's invoice. Payment will be processed on the \_\_\_\_\_ of each month for the prior month's fees.

### FUTURE INSTALLMENTS:

\_\_\_\_\_  
(Initial) I hereby authorize \_\_\_\_\_ to charge my card in the amount of \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month until the total sum of \$ \_\_\_\_\_ has been paid.

### POLICIES:

\_\_\_\_\_  
(Initial) Payment is considered late after the \_\_\_\_\_ of the month. Any outstanding 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, and you agree to not dispute the charges specified herein with the bank that issued your credit card or with any credit card company.

\_\_\_\_\_  
(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 the firm 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.

CARDHOLDER INFORMATION

Cardholder Name: \_\_\_\_\_

Cardholder 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.

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

eCHECK

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

OR

Account Holder Name (if Business): \_\_\_\_\_

Account Type: Checking Savings Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_