

RECURRING CHARGE AUTHORIZATION FORM

Use this form to authorize Richardson Law Firm, PLLC to set up recurring credit card billing for services that Richardson Law Firm, PLLC provides for you. Please print clearly and complete form in its entirety.

I, _____, authorize Richardson Law Firm, PLLC to bill the credit card or debit card listed below for the amount of \$ _____ on a recurring basis, beginning on the date of _____ and thereafter charged every _____. To terminate the recurring billing process I must cancel in writing. I understand that I will receive a receipt of each charge via mail. I also agree to pay the recurring charge shown hereon, according to my cardholder agreement. I affirm that I am legally authorized to use the credit card account number specified below.

TYPE OF CARD: MasterCard Visa/Visa Check/Visa Debit Discover

CARD NO.:

EXPIRATION DATE: /

NAME ON CARD: _____

BILLING ADDRESS ON CARD: _____

Verification No. (3 digit number on back of card):

Telephone no. _____

Cardholder Signature: _____

Printed Name: _____

Note: Richardson Law Firm, PLLC will keep your credit card information strictly confidential. Recurring basis is bi-weekly unless otherwise requested.

After completion please return to:
Richardson Law Firm, PLLC
125 E. Parrish Street
Durham, NC 27701
Phone: (919) 680-2300
Fax: (919) 680-2500