

**Glen R. Graham**

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**One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize **Glen R. Graham, Attorney at Law** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize **Glen R. Graham, Attorney** to charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)  
\_\_\_\_\_ his attorney fees \_\_\_\_\_.  
(description of goods/services)

Card Holder Billing Address: \_\_\_\_\_ Phone# \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ Email: \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Name of BANK: _____			
Cardholder Name _____			
Account Number _____			
Expiration Date _____		Zip Code Associated with Billing Address: _____	
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____			

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Name of Bank: _____			
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SUBSCRIBED AND SWORN on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ County, State of \_\_\_\_\_, by the above affiant - credit card holder.

Witness my hand and official seal. My commission expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC