

## Credit Card Authorization Form – Clients

In an effort to better serve our clients and simplify the billing experience, our firm offers credit card payments for your convenience. To make a payment via credit card, please complete, initial, and sign this form and return via email to donna@nathanmillerlaw.com or via mail to 1701 N. Locust St., Denton, TX 76201.

This form authorizes The Law Office of Nathan Miller, PLLC to charge the credit card listed below for the monthly payments in accordance with the signed Payment Plan agreement in the Contract for Legal Services without any further authorization or notification from the Client. The Client acknowledges that each charge will include a processing fee of 3% of the payment made. This processing fee applies only to credit card payments and not to payments made by cash, check, or money order.

CHARGE POLICY

**INITIAL PAYMENT:**

\_\_\_\_\_  
(Initial) I hereby authorize The Law Offices of Nathan Miller, PLLC to charge the payment currently due amount of \$ \_\_\_\_\_.

**FUTURE PAYMENTS:**

\_\_\_\_\_  
(Initial) I hereby authorize The Law Offices of Nathan Miller, PLLC to charge the amount due each month according to the Contract for Legal Services. Payment will be processed on the 1st day of each month.

**POLICIES:**

\_\_\_\_\_  
(Initial) Payment is considered late after the 5th day of the month. Any balance will be charged to the card on file. In addition, a late fee will be assessed in the amount of \$25.00.

**ACKNOWLEDGMENT:**

\_\_\_\_\_  
(Initial) Payment made for services delivered by this firm are non-refundable.

CARDHOLDER INFORMATION

Type of Card:     **VISA**         **DISC VER**                  **AMERICAN EXPRESS**

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

Expiration Date: \_\_\_\_\_ CVV Security Code: \_\_\_\_\_

The undersigned guarantees performance of the financial provisions of this agreement.

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

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

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

## Credit Card Authorization Form – Third Party Payers

In an effort to better serve our clients and simplify the billing experience, our firm offers credit card payments for your convenience. To make a payment via credit card, please complete, initial, and sign this form and return via email to [donna@nathanmillerlaw.com](mailto:donna@nathanmillerlaw.com) or via mail to 1701 N. Locust St., Denton, TX 76201.

This form authorizes The Law Office of Nathan Miller, PLLC to charge the credit card listed below for the monthly payments in accordance with the signed Payment Plan agreement in the Contract for Legal Services between the Firm and the Client without any further authorization or notification from the Payer. The Payer acknowledges that each charge will include a processing fee of 3% of the payment made. This processing fee applies only to credit card payments and not to payments made by cash, check, or money order.

3RD PARTY PAYMENT

\_\_\_\_\_, I, \_\_\_\_\_, authorize The Law Office of Nathan Miller, PLLC to charge my  
(Initial) card in accordance with the Payment Plan Agreement in the Contract for Legal Services.

\_\_\_\_\_, By signing I, \_\_\_\_\_, understand I am paying for legal fees on behalf  
(Initial) of a Client with this firm, and not for myself or any other case. 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 by cardholder or other similar claim of non-service.

CARDHOLDER INFORMATION

Type of Card:          DISC VER          

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

Expiration Date: \_\_\_\_\_ CVV Security Code: \_\_\_\_\_

The undersigned guarantees performance of the financial provisions of this agreement.

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

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

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