



Dailey Law Offices

5251 NORWICH STREET
HILLIARD, OHIO 43026
P. 614.771.1171 F. 614.771.1890
WWW.SDAILEYLAW.COM

CREDIT CARD AUTO PAY AUTHORIZATION FORM
OR ONE-TIME PAYMENT AUTHORIZATION

Firm Name: **DAILEY LAW OFFICES** (hereafter "FIRM") _____

Client Name: _____ (hereinafter "CARDHOLDER")

Client File No.: _____

I, **CARDHOLDER**, hereby authorizes **FIRM** to charge the credit card listed below (please select one of the following options)

- On a monthly to initiate automated monthly credit card transactions for payment of services rendered to FIRM. I understand that monthly credit card transactions will be transacted in accordance with the following written instructions:
 - Whenever the date selected for payment below falls on a day that is not a business day, FIRM will process the payment on the next business day.
 - The invoice remittance phrase will state "The balance due will be charged to the credit card on file".
 - Upon successful execution of each monthly credit card transaction, FIRM will send a payment confirmation receipt to the email address on file for FIRM's account.
- One time only for the specific payment in the amount of \$ _____

Name on Credit Card/Cardholder's Name: (Please Print) _____

Type of Credit Card: Visa MasterCard Discover

Credit Card Number: _____ Expiration Date: ____ / ____

Last 3 Digits on back: _____

Address of billing for card: (numbers) _____ (zip) _____

Date to be charged: 5th 10th 15th 20th 25th

Signature of Cardholder: _____ Date: ____ / ____ / ____

**PLEASE FAX THE COMPLETED FORM TO 614-771-1890 OR
EMAIL TO KEWALD@SDAILEYLAW.COM**