

The Child Advocate Law Group

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Authorization for Debit/Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$_____ (USD)

Is this a recurring payment from this card? ☐ NO ☐ YES (**recurring**)

****If Recurring, what is the frequency:**

☐ Monthly ☐ Semi Monthly ☐ Bi-Weekly ☐ Weekly

Beginning on what date: _____ Last Payment on what date: _____

*I acknowledge that I am authorized to make charges on the above listed Debit/Credit Card and hereby **authorize The Child Advocate Law Group or Marcellus H. Moore, Jr. to charge the amount listed above to the debit/credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.***

Cardholder – Please Sign and Date

Signature: _____

Print Name: _____

Date: _____

Return the completed and signed form to: marcellus@childadvocatelawgroup.com or fax: 888.977.1497