



ROHRS LAW

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Credit/Debit Card Payment Authorization Form

ONE TIME PAYMENT:

I hereby authorize **Rohrs Law, Ltd.** to charge the full balance currently due in the amount of \$ _____ on _____.

RE-OCCURRING PAYMENTS:

I hereby authorize **Rohrs Law, Ltd.** to charge \$ _____ each week on _____ until my balance has been paid in full.

I hereby authorize **Rohrs Law, Ltd.** to charge \$ _____ bi-weekly starting on _____ until my balance has been paid in full.

I hereby authorize **Rohrs Law, Ltd.** to charge \$ _____ on the _____ of each month until my balance is paid in full.
(ex. 1st day, 15th day.)

POLICIES:

Any late fees or costs for insufficient funds will also be my responsibility. Payment made for services delivered by this firm are non-refundable. In the case of retained services, any unused funds will be refunded to the card on file upon the completion of representation. Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

Signature of Card Holder: _____ Date: _____

CHARGE POLICY

Billing Name: _____

Billing Address: _____

Billing E-mail: _____

Billing Phone: _____

Type of Card:



DISCOVER



Card Number: _____

* Per PCI Compliance guidelines, the last 4 digits may be recorded for verification purposes

Expiration Date: _____ Security Code: _____

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

Signature of Card Holder: _____ Date: _____

PAYMENT INFORMATION