

KRISTIE BROWNING
MEDIATION SERVICES
CREDIT AND DEBIT CARD BILLING CONTINUING AUTHORIZATION

Client Name: _____

Home address: _____
_____ *Zip:* _____

Please process payment for services to the above client on the following card:

Credit Card Type: VISA MasterCard Discover

Debit Card: VISA MasterCard

Card Number: _____ - _____ - _____ - _____

Card Expiration Date: _____

3 digit code on back of Card: _____

Name as it appears on the card: _____

Card billing address, if different from Home address above:

_____ *Zip:* _____

Please email receipts for payment to the following email address:

At the time of each service provided to the client listed above, I authorize Kristie Browning to process payment on the above credit or debit card. In addition to scheduled mediation session time, I understand billable Mediation services include document drafting, support calculation, email communication, phone calls, and review of documents.

Signature of Cardholder

Date