

**The Lynch Law Firm, PLLC**

Post Office Box 12229

Jackson, MS 39236

601-812-5104 (p)

601-207-9017 (f)

**Credit Card Payment Authorization Form**

Sign and complete this form to authorize The Lynch Law Firm, PLLC (the "Firm") to debit(s) the credit card listed below.

By signing this form you give us permission to debit your account for the amount(s) indicated below:

---

Total amount to be debited: \_\_\_\_\_

Initial amount of debit: \_\_\_\_\_ Date of initial debit(s): \_\_\_\_\_

Frequency of subsequent debit(s): \_\_\_\_\_ Amount of ongoing debits: \_\_\_\_\_

Date of monthly debit(s): \_\_\_\_\_ End date of debit(s): \_\_\_\_\_

This permission is solely for the transactions listed above, and does not provide authorization for any additional unrelated debits or credits to your account.

---

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa     MasterCard     AMEX     Discover

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

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize The Lynch Law Firm, PLLC to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the legal services of the Firm, for the amount(s) indicated above only, and is valid for the time period indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.