



Carter Financial Consulting

Client Credit Card Authorization Form

In an effort to better serve our clients and simplify your billing experience, our firm accepts credit cards for your convenience.

CHARGE AUTHORIZATION

ONE TIME PAYMENT:

_____ I hereby authorize Carter Financial Consulting to charge the balance currently due for
(Initial) the amount of \$_____.

RECURRING PAYMENTS:

_____ I hereby authorize Carter Financial Consulting to charge the retainer due \$_____.
(Initial) Payment will be processed on the first each month prior to fee schedule.

Monthly

Quarterly

Annually

_____ Being the authorized cardholder or the Corporate Officer, by signing below I understand and agree to
(Initial) 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.

PAYMENT INFORMATION

Client Name: _____

Client Billing Address: _____

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.

Cardholder Name: _____

Signature of Cardholder: _____

Date: _____