



## CLIENT PAYMENT FORM

### ONE TIME PAYMENT

\_\_\_\_\_  
(Initials) I hereby authorize ISSA ISRAEL LAW FIRM to charge the current balance due in the amount of \$\_\_\_\_\_

### RECURRING PAYMENTS

\_\_\_\_\_  
(Initials) I hereby authorize ISSA ISRAEL LAW FIRM to charge the balance due on a recurring basis as follows:

Monthly  Semi-Monthly  Bi-Weekly  Weekly  as needed

### PAYMENT POLICIES

\_\_\_\_\_  
(Initials) Payments made for services delivered by this firm are non-refundable.

\_\_\_\_\_  
(Initials) In the case of retained services, any unused funds will be refunded to the account on file within 30 days.

\_\_\_\_\_  
(Initials) Being the authorized account holder 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 account for the services provided. I further agree that in the event my account information becomes invalid, I will provide new valid information upon request, to be charged for the payment of any outstanding balances owed.

### CARD HOLDER INFORMATION

\_\_\_\_\_  
(Initials) \_\_\_\_\_  
CARD HOLDER NAME

\_\_\_\_\_  
CARD HOLDER BILLING ADDRESS

TYPE OF CARD:  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE SECURITY CODE

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

\_\_\_\_\_  
SIGNATURE OF CARD HOLDER DATE