



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization by notifying our office in writing 15 days prior to the date of your next charge. The authorization will remain in effect until cancelled.

I wish to be charged on the (select one):

1<sup>st</sup> of each month

15<sup>th</sup> of each month

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on the card): _____				
Last 4 digits of Card Number: _____				
Expiration Date: (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, \_\_\_\_\_, authorize Smith Legal Group, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

1100 S. Calumet Road, Suite 3A  
Chesterton, IN 46304  
(219) 728-3250