

### 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 Dixon Financial Service to charge the balance currently due  
initial in the amount of \$ \_\_\_\_\_.

**RECURRING PAYMENTS:**

\_\_\_\_\_ I hereby authorize Dixon Financial Service to charge the balance due each month  
initial Payment will be processed on the first (1<sup>st</sup>) of each month.

**ONE TIME PAYMENT:**

\_\_\_\_\_ Being the authorized cardholder or the Corporate Officer, by signing below I  
initial understand and agree to the terms set forth in this agreement, agree to pay, and  
specifically authorize to charge my 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 to the payment of any outstanding balances owed.

PAYMENT INFORMATION

Client Name: \_\_\_\_\_

Client Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Card:      Visa                      Discover                      MC                      AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_