

SINGLE CREDIT CARD PAYMENT AUTHORIZATION

If you wish to make a one-time retainer payment or one-time interval payment by credit/debit card, please indicate the type of card, your credit card account number, the card's expiration date, the card's billing address and its verification code. Please complete the following information, including the amount authorized for one-time payment. By signing below, you indicate that you have read your engagement letter in full and now understand your full rights and responsibilities specific to any and all third-party credit card processing by our firm.

Type of Card MASTERCARD VISA DISCOVER AMERICAN EXPRESS
Credit Card Account #: _____ Expiration Date: _____
Sec. Code: _____ Amount to be charged \$ _____.

Name on Card*: _____
Complete Billing
Address: _____
Email & Phone: _____

**If your name does not appear on the card, we will need the full contact information for the person who is making payment on your behalf.

I, _____, authorize Jessica K. Peck, Attorney at Law, LLC, to charge my credit card account number as indicated above. I agree to pay the total amount above according to the card issuer agreement. I acknowledge that by using a credit or debit card to pay my attorney's fees that I am waiving the attorney-client confidentiality privilege to the extent that my credit card information is being processed through a third-party vendor (Square.com). In addition, any payment by a third party to the firm on my behalf does not alone entitle the third party to access to my confidential client information without my consent. It is my obligation to keep firm informed as to whom may have access to my information. Otherwise, I understand that the firm will assume that no third party access will be permitted. Absent a signing of an retainer agreement between the third party and firm (assuming no conflicts of interests would prevent such a relationship), the third party has no rights or protections as a client of the firm.

By signing below, you certify that he funds presented for payment must have been lawfully obtained.

Signature of Client: _____

Signature of Cardholder (if different): _____

Date: _____

INSTALLMENT CREDIT CARD PAYMENT AUTHORIZATION

If you wish to charge regular installment payments to your credit or debit card, please indicate the type of card, your credit card account number and the card's expiration date, card billing information and verification code. Please complete all information below and fill in the amount you would like to charge each month (i.e. full balance or a specific dollar amount) and the day of each month you would like the charge to post. Return this page to Jessica K. Peck, Attorney at Law, LLC.

Type of Card MASTERCARD VISA DISCOVER AMERICAN EXPRESS
Credit Card Account #: _____ Expiration Date: _____
Sec. Code: _____ Amount to be charged \$ _____.

Name on Card*: _____
Complete Billing
Address: _____
Email & Phone: _____

****If your name does not appear on the card, we will need the full contact information for the person who is making payment on your behalf.**

I, _____, authorize Jessica K. Peck, Attorney at Law, LLC, to charge my credit card account number as indicated above. I agree to pay the total amount above according to the card issuer agreement. I acknowledge that by using a credit or debit card to pay my attorney's fees that I am waiving the attorney-client confidentiality privilege to the extent that my credit card information is being processed through a third-party vendor (Square.com). In addition, any payment by a third party to the firm on my behalf does not alone entitle the third party to access to my confidential client information without my consent. It is my obligation to keep firm informed as to whom may have access to my information. Otherwise, I understand that the firm will assume that no third party access will be permitted. Absent a signing of a retainer agreement between the third party and firm (assuming no conflicts of interests would prevent such a relationship), the third party has no rights or protections as a client of the firm.

Signature of Client: _____

Signature of Cardholder (if different): _____

Date: _____
