

THE PRINZ LAW OFFICE
CREDIT CARD, ECHECK & PAYPAL PAYMENT AUTHORIZATION FORM

In an effort to better serve our clients and simplify our clients' billing experience, The Prinz Law Office offers online credit card, echeck & PayPal payment processing for use in paying outstanding service balances for your convenience. You should complete this authorization form prior to making any credit card, echeck, or PayPal payment to the firm. The firm reserves the right to decline to accept any payment made prior to completion of a valid authorization authorizing the receipt and application of such payment. (Please note that the firm no longer accepts credit card or echeck payments made to the firm for the purposes of covering fees payable to third parties. However, you may separately make a direct payment to such third party.)

AUTHORIZATION AND CONSENT

I have authorized the following payment(s), and initialed to confirm my consent as follows:

_____ **ONE TIME CREDIT CARD PAYMENT:** I hereby authorize The Prinz Law Office to charge the balance currently due in the amount of \$_____.

_____ **ONE TIME ECHECK PAYMENT:** I hereby authorize The Prinz Law Office to receive an echeck payment for the balance currently due in the amount of \$_____.

----- **ONE TIME PAYPAL PAYMENT:** I hereby authorize The Prinz Law Office to receive a PayPal payment for the balance currently due in the amount of \$_____.

_____ **FUTURE CREDIT CARD/ ECHECK PAYMENTS (CLIO):** I hereby authorize The Prinz Law Office to charge/debit all or part of the outstanding balance as reflected on the outstanding invoice of the Client identified below in accordance any direct online payment I make via Clio. Payment for all or part of the outstanding balance will be in the amount and on the date and time I separately authorize online through Clio.

_____ **FUTURE CREDIT CARD PAYMENTS (RECURRING BALANCE):** I hereby authorize The Prinz Law Office to charge the outstanding balance due each month, as reflected on the invoice of the Client identified below. Payment will be processed on the ____ of each month for the prior month's fees.

_____ **FUTURE CREDIT CARD PAYMENTS (INSTALLMENTS):** I hereby authorize The Prinz Law Office to charge my card in the amount of \$____ on the ____ of each month until the total sum of \$_____ has been paid.

SCOPE OF AGREEMENT

I have expressly agreed to the following terms and conditions for this authorized payment/these authorized payments:

_____ **CLIENT:** I acknowledge and agree that this authorization shall pertain exclusively to the following client of The Prinz Law Office:_____.
If I am a third party and not the client named above, I acknowledge and agree that I am paying for legal services on behalf of the client of the firm and that I will personally receive no direct benefit from the transaction or the legal services provided. **I expressly acknowledge and agree that by submitting this payment on behalf of a third party I am waiving my right to dispute this charge with my bank or the processor for claims of services not received or other similar claims of non-service.**

_____ **NON-REFUNDABLE, NON-DISPUTABLE PAYMENT:** I acknowledge and agree that any payment that I authorize and make to The Prinz Law Office via credit card, e-check, or PayPal shall be non-refundable, and I specifically agree to not dispute any payment authorized herein with the bank that issued my credit card or maintains my bank account, the payment processor, or alternatively, with any credit card company or bank. I acknowledge and agree that this authorization constitutes an agreement with The Prinz Law Office, and that any failure to honor this agreement shall constitute a material breach. I personally agree to indemnify and hold harmless The Prinz Law Office for all time spent on responding to and defending any dispute that I initiate in violation of this agreement (which time shall be reimbursed at the firm's then-current hourly rates), as well as for all fees, costs, and expenses incurred as a result of the dispute, including but not limited to all fees, costs, expenses, and reasonable legal fees incurred by The Prinz Law Office in order to collect the disputed payment(s) previously authorized by this agreement.

_____ **AUTHORIZED CARDHOLDER/ ACCOUNTHOLDER:** As the authorized cardholder or account holder, I understand and agree to the terms set forth in this agreement, and I agree to pay and specifically authorize The Prinz Law Office to charge my card/debit my account for the services provided. I further agree that in the event my credit card/bank account becomes invalid for any reason, I will provide a new valid credit card/bank account number within three (3) days of receipt of any notification and/or request, to be charged for the payment of any outstanding balances owed and/or agreed to be paid pursuant to this agreement.

_____ **ECHECK PAYMENTS ONLY:** I acknowledge and agree that echeck payments may take a minimum of seven (7) business days to be received by The Prinz Law Office, and that the firm will not treat the payment as received until the funds have been deposited into the firm's designated bank account. I expressly agree not to raise any fee dispute with the firm or my bank as a result of any interest charges incurred or date-dependent discounts not received due to any delayed receipt of a payment made via echeck. I acknowledge and agree that any failure to honor this agreement shall constitute a material breach of this agreement, and I personally agree to indemnify and hold harmless The Prinz Law Office for all time spent on responding to and defending any dispute I initiate in violation of this agreement (which time shall be reimbursed at the firm's then-current hourly rates), as well as for all fees, costs, and expenses incurred as a result of the dispute, including but not limited to all fees, costs, expenses and reasonable legal fees incurred by The Prinz Law Office in order to collect the collect the disputed payment(s) previously authorized by this agreement.

_____ **GOVERNING LAW/JURISDICTION AND VENUE:** I expressly agree that this agreement shall be governed by and construed in accordance with the laws of the State of California, without regard to conflicts of law principles, and I expressly consent to jurisdiction and venue in Santa Clara County, California for any and all disputes arising under this agreement.

CARDHOLDER NAME: _____

CARDHOLDER HOLDER BILLING ADDRESS: _____

TYPE OF CARD: ___ VISA ___ DISCOVER ___ MASTERCARD ___ AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

EXPIRATION DATE AND SECURITY CODE: (provide separately to firm)

THE UNDERSIGNED PERSONALLY GUARANTEES PERFORMANCE OF THE FINANCIAL PROVISIONS OF THIS AGREEMENT.

CARDHOLDER NAME: _____

CARDHOLDER SIGNATURE: _____

DATE: _____

ACCOUNT HOLDER NAME: _____

AUTHORIZED SIGNER ON THE ACCOUNT (if different): _____

ACCOUNT TYPE: ___ CHECKING ___ SAVINGS **ACCOUNT #** _____ **ROUTING #** _____

ACCOUNT HOLDER SIGNATURE: _____ **DATE:** _____