



# THE LAW OFFICE OF CRAIG M. GREAVES

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## CREDIT/DEBIT CARD RECURRING BILLING AUTHORIZATION FORM

Payment Date From Contract: \_\_\_\_\_ Amount: \_\_\_\_\_

Client's Name: \_\_\_\_\_  
*First Middle Last*

Cardholder's Name: \_\_\_\_\_  
*First Middle Last*

Cardholder's Billing Address: \_\_\_\_\_  
*Street/P.O. Box City State Zip*

Card Type:  Visa  Mastercard  American Express  Discover

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVN: \_\_\_\_\_ Cardholder's Phone #: \_\_\_\_\_

Would you like a copy of your credit/debit card receipt emailed to you?  Yes  No If yes, please provide your email address: \_\_\_\_\_

**AUTHORIZATION**

As indicated by my signature below, I hereby authorize The Law Office of Craig M. Greaves to keep my signature on file and charge the above indicated credit/debit card on the dates and for the amounts detailed in the above named Client's *Employment Contract*, which I have read and understand.

I agree to contact The Law Office of Craig M. Greaves if there are any changes to my credit/debit card account information. I also agree that if I have any problems or questions regarding the services provided by The Law Office of Craig M. Greaves, I will contact The Law Office of Craig M. Greaves by phoning 979/779-9388. I further agree that I will not dispute any charges from The Law Office of Craig M. Greaves unless I have already attempted to rectify the situation directly with The Law Office of Craig M. Greaves and those attempts have failed.

I guarantee and warrant that I am the legal cardholder for the credit/debit card indicated above and that I am legally authorized to enter into this recurring billing agreement with The Law Office of Craig M. Greaves.

Cardholder's Printed Name	Cardholder's Signature	Date
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