

Credit Card Automatic Billing Authorization Form

The Law Offices of Norman Gregory Fernandez
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800-816-1529

I authorize you to charge my bill directly to the credit card(s) listed below:

Primary Card Account

Secondary Card Account

Name on credit card

Name on credit card

Billing Address

Billing Address

City, State, Zip

City, State, Zip

Credit Card Number

Credit Card Number

Expiration Date

Expiration Date

CV Security Code on Back

CV Security Code on Back

xx Bill all charges to the above card(s). Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.

xx This authorization is valid until I provide you with written cancellation.

Signature Date

Signature Date