

**Weintraub | Tobin**  
400 Capitol Mall, 11<sup>th</sup> Floor  
Sacramento, California 95814  
916-558-6000

### **One Time Credit Card Payment Authorization Form**

Complete and fax this form to 916-676-2488 or email to [accounting@weintraub.com](mailto:accounting@weintraub.com) attention: Lori E. Wattelet to authorize Weintraub Tobin to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement which may include late fees or interest if not paid timely.

**Please complete the information below:**

I \_\_\_\_\_ authorize Weintraub Tobin to charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is  
(amount) (date)  
for legal fees and related costs incurred.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa       MasterCard       AMEX       Discover

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

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.