

Weintraub | Tobin
400 Capitol Mall, 11th 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 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.

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