



**CREDIT/DEBIT CARD PRE-AUTHORIZATION FORM**

I authorize Katz & Loizeaux Forensic Services, LLC, to keep my signature on file and to charge my credit/debit card, for services provided.

Initial those that apply:

I authorize Katz & Loizeaux to charge my account for the initial retainer

Amount to be initially charged \_\_\_\_\_

I authorize Katz & Loizeaux to charge my account for invoice amounts that exceed initial retainer

I need to be contacted before my card is charged

I do not need to be contacted before my card is charged

I understand this form is valid for one year, unless I cancel the authorization in writing. I further authorize Katz & Loizeaux Forensic Services to disclose billing information to my credit card issuer if I dispute a charge. No other information will be released.

Client Name \_\_\_\_\_

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

Cardholder Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card  Debit Card  AMEX  Discover  MasterCard  Visa

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

Expiration Date \_\_\_\_\_ Security code (on back of card, or front of AMEX) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_