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One-Time Payment Authorization Form

Your amount due will be automatically deducted from your bank account or charged to your Visa, MasterCard, American Express or Discover Card. It's convenient, saving you time and postage.


Here's How One-Time Payment Works

You authorize a one-time charge to your checking/savings account or credit card for your designated amount. A charge will appear on your bank and/or credit card statement.

If you are interested in this payment process, please complete, sign, and return this form to billing@smgglaw.com or mail to the address above.

Checking/ Savings Account*

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
Verification Code _____	
Credit Card Billing address:	

***Please attach a voided check.**

Authorization

I understand that this authorization is for a one-time payment transaction. For ACH debits to the checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from the account as soon as the designated transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that at its discretion, attempt to process the charge again within 30 days, and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank/credit card account and will not dispute this transaction with my bank or credit card Company, so long as the transaction corresponds to the terms indicated in this authorization form.

AUTHORIZED SIGNATURE _____

DATE _____

PRINT NAME/TITLE _____

CLIENT NAME _____