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Recurring Payment Authorization Form

Schedule your amount due to 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) and your payment is always on time.

Here's How Recurring Payments Work

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged your designated amount each billing period. A charge will appear on your bank and/or credit card statement. No notification will be provided prior to each deduction.

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

Checking/Savings Account*

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



***Please attach a voided check.**

Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

Verification Code _____

Credit Card Billing address:

Authorization

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify SMGG Law in writing of any changes in the account information or termination of this authorization at least 15 days prior to the next billing date. 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debits to the checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from the account as soon as the designated transaction dates.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 recurring 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 these scheduled transactions with my bank or credit card Company, so long as the transactions correspond to the terms indicated in this authorization form.

AUTHORIZED SIGNATURE _____

DATE _____

PRINT NAME/TITLE _____

CLIENT NAME _____