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Cowan Consulting

Client Payment Authorization Form

In an effort to simplify your billing experience, our firm offers online payments for your convenience.

CHARGE POLICY

ONE/FIRST TIME PAYMENT:

_____ I hereby authorize _____ to charge the balance currently due for the
(Initial) amount of \$ _____.

FUTURE PAYMENTS:

_____ I hereby authorize _____ to charge the balance due each month.
(Initial) Payment will be processed on the _____ each month for prior month fees.

POLICIES:

_____ Payment is considered late after the _____ of the month. Any balance will be charged to the account on
(Initial) file. In addition, a late fee will be assessed in the amount of \$ _____.

_____ Payment made for services delivered by this firm are non-refundable.
(Initial)

_____ In the case of retained services, any unused funds will be refunded to the account on file within _____
(Initial) days of _____.

_____ Being the authorized account holder or the Corporate Officer, by signing above I understand and agree to
(Initial) the terms set forth in this agreement, agree to pay, and specifically authorize to charge my account for the services provided. I further agree that in the event my account information becomes invalid, I will provide new valid information upon request, to be charged for the payment of any outstanding balances owed.

CARDHOLDER INFORMATION

Cardholder Name: _____

Cardholder Billing Address: _____

Type of Card: **VISA** **DISCOVER**  **AMERICAN EXPRESS**

Card Number: _____ (last 4 digits of card)*

* Per PCI Compliance guidelines, the last 4 digits may be recorded for verification purposes

Expiration Date: _____ **ON FILE** Security Code: _____ **ON FILE**

The undersigned guarantees performance of the financial provisions of this agreement.

Cardholder Name: _____

Signature of Cardholder: _____ Date: _____

eCHECK

First Name: _____ Last Name: _____

OR
Account Holder Name (if Business): _____

Account Type: Checking Savings Account #: _____ Routing #: _____

Signature Account Holder: _____ Date: _____