



29 Buffalo Avenue, Brooklyn, NY 11233

P: 718 - 771 - 5811 F: 718 - 771 - 5900 E: info@cowanconsulting.com

Cowan Consulting

Third Party Payment Authorization Form

In an effort to better serve our clients and simplify your billing experience, our firm offers online payments for your convenience

RD
PARTY
PAYMENT

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

_____, By signing I, _____, understand I am paying for fees on behalf
(initial) of, _____, a client with this firm. I understand I will receive no
direct benefit from this transaction or the services provided. I also understand I am waiving my right to dispute this
charge with my bank for claims of services not received or other similar claims of non-service.

CARD
HOLDER
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: _____