

CREDIT CARD AUTHORITY

To	ERA Legal
Client name	X
File number (6 digits)	X

CARDHOLDER TO COMPLETE

Card type	<input checked="" type="checkbox"/> MasterCard	<input checked="" type="checkbox"/> Visa	<input checked="" type="checkbox"/> American Express
Card number	X		
Expiry date	X	CVC	X
Name on card	X		
Debit amount	\$	FEE APPLIES TO ALL CREDIT CARD TRANSACTIONS – SEE BELOW	

Authority *"I authorise you to deduct the above amount (increased by 1.5% for VISA or Mastercard payments and 1.95% for American Express) from my credit card, apply those funds in payment of any sums owing to you in respect of the client matter identified above (or, if none is identified, the client matter associated with the person or company furnishing this document), and retain the surplus funds (if any) in trust on account of future legal costs in that matter."*

"I understand that you have the right to withhold monies in trust as security for payment of legal costs. I understand that any transaction processed by credit card will incur a processing fee of 1.5% for VISA or Mastercard transactions and 1.95% for American Express transactions. I understand that this fee will be charged to my credit card at the same time as the transaction is processed."

X

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CARDHOLDER SIGNATURE

.....
PRINT NAME

.....
DATE