CREDIT/DEBIT CARD AUTHORIZATION

I authorize WELBORN LAW FIRM, PLLC, to charge me as follows:

Name of person for whom this payment is being made: _____

Type of Account (Please select one): _____ MasterCard _____ Visa _____ Discover

Acct. Number: _____ - _____ - _____ - _____ Security Code (back of card): _____

Name as Shown on Account: _____ (first)_____ (last)

Expiration Date _____ (month) _____ (year)

Printed name of Cardholder _____

Billing Address _____

Mailing Address (if different): _____

Preferred method of contact (phone/email/mail) _____

Phone: _____ Email _____

Authorized Amount (Attorney Fee) $ _____ Authorized Amount (Costs/Fines) $ _____

Signature of Cardholder _____ Date: _____

Please attach a copy of the front & back of the card used above. Pictures of this form and the card will suffice. Once form is complete, then you may email the picture / PDF to jon@attorneywelborn.com or fax to 336-751-0334.

OR

If you prefer to be more in control, then notify us (by phone, email, or website message) of your desire to retain our services by online payment(s). All we need is an email account to get you started.

We will authorize you as a user of the attorney / client portal. You will receive an email with a link to the portal where you can create a unique account. Then you will have access to all of the features previously detailed along with online invoice payment / calendaring for court dates / direct messaging with attorney / etc.