

**EBEN L. KURTZMAN**  
**Law Office and Attorney Appearances**

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**Credit Card Payment Authorization Form**

I, \_\_\_\_\_, give permission to The Law Office of Eben Kurtzman to store my credit card details in my profile. This information will only be used for approved payment for services provided, and associated costs and fees (if any).

*All fields required*

**Credit Card Information**

**Card type**

MasterCard

Discover

Visa

Cardholder (Name on card)

Card number

Card expiration Date

Zip code of card billing address

Receipts for all charges to the card below should be sent by email to:

**Recurring Payments Authorization (optional)**

I wish my card to be charged monthly on or about the 15th of the month for the open balance due at the end of the prior month. I understand that if there is a problem processing a charge to my card, a good faith effort will be made to notify me of the problem, but I am still liable for finance charges if the balance remains unpaid beyond the grace period. If/when I wish to cancel this agreement, I will do so by contacting Marli King at 408-295-2105 or office@ebenkurtzman.com.

Charges to this card may be made for debts incurred by the following individuals or business entities:

*Cardholder Signature*

*Date signed*

*Printed name of cardholder*