



**INSTALLMENT AUTHORIZATION TO
CHARGE CREDIT CARD**

I, _____ hereby authorize Ruane Attorneys to charge my:

() Visa () MasterCard () American Express () Discover

Card Number _____

Expiration Date _____

CID Number _____

Name on Card _____

Billing Zip Code _____

INITIAL PAYMENT AMOUNT _____

Further, I agree to have Ruane Attorneys automatically charge my card

\$ _____ on ____ / __ / ____

\$ _____ on ____ / __ / ____

\$ _____ on ____ / __ / ____

I acknowledge that I may terminate this installment agreement by prepaying the amount due to Ruane Attorneys pursuant to the Employment Agreement prior to the installment due date.

I acknowledge that I will NOT be contacted prior to the automatic charging of the credit card pursuant to this agreement.

I agree that in the event that the credit card is declined I understand that this installment agreement terminates and I will furnish Ruane Attorneys with a new authorization for a different credit card within 48 hours upon notice of declination and permit the automatic debit of the total outstanding balance or provide full payment by certified check or cash.

Dated: _____