



CORRAL TRAN SINGH, LLP

ATTORNEYS AT LAW

1010 LAMAR STREET
11TH FLOOR, SUITE 1160
HOUSTON, TEXAS 77002
(P) 832.975.7300
(F) 832.975.7301

DEBIT CARD AUTHORIZATION FORM

Please complete this Debit Card Authorization Form and return to our office via fax at (832) 975-7301 or e-mail to info@ctsattorneys.com. All information contained herein will remain completely confidential.

Cardholder Name: _____

Billing Address: _____

Card Type: VISA MasterCard American Express Discover

Credit Card Number: _____ Exp. Date: _____

CVV (VISA/MC/Discover—3 digit number on back; AMEX—4 digit number on front): _____

Is this Authorization for a One-Time Payment or to Enroll in a Payment Plan? (Check the appropriate box and complete the information as requested below.)

One-Time Payment Amount: \$ _____ Date of Debit: _____

Payment Plan (Note: maximum of 10 payments permitted to be authorized per form)

Payment #1 Amount: \$ _____ Date of Debit: _____

Payment #2 Amount: \$ _____ Date of Debit: _____

Payment #3 Amount: \$ _____ Date of Debit: _____

Payment #4 Amount: \$ _____ Date of Debit: _____

Payment #5 Amount: \$ _____ Date of Debit: _____

Payment #6 Amount: \$ _____ Date of Debit: _____

Payment #7 Amount: \$ _____ Date of Debit: _____

Payment #8 Amount: \$ _____ Date of Debit: _____

Payment #9 Amount: \$ _____ Date of Debit: _____

Payment #10 Amount: \$ _____ Date of Debit: _____

TERMS AND CONDITIONS: By signing below, I acknowledge that all information provided herein is complete, true and accurate. I represent that I am authorized to use and make payments with the debit card provided herein. I understand that any disputes regarding the debits must be submitted in writing to Corral Tran Singh, LLP no later than seven (7) days after the payment is made. I authorize Corral Tran Singh, LLP to deduct the agreed amount(s), as more particularly set forth above. I agree to make these payments in accordance with the issuing bank cardholder agreement. I agree that any changes to my debit card account (*i.e.*, account number, cardholder name, cardholder address, etc.) or payment date(s) must be submitted in writing via fax at (832) 975-7301 or e-mail to info@ctsattorneys.com to Corral Tran Singh, LLP no less than 72 hours prior to the scheduled payment date. I understand that my payments are subject to a 2.5% transaction fee.

Name: _____

Signature: _____

Date: _____