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## 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@ts-llp.com](mailto:info@ts-llp.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 Tran Singh LLP no later than seven (7) days after the payment is made. I authorize 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@ts-llp.com](mailto:info@ts-llp.com) to 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: \_\_\_\_\_