eCheck or Credit Card
Payment Authorization Form

Payment Information – All Fields Required

P.O. Reference (Case No.): _____

Client Name: _____

Phone: _____   eMail: _____

Payment Method: ☐ eCheck No **(Processing Fee)**   ☐ Credit Card **(Convenience Fee 3%)**

Payment Amount (not including convenience fee*): _____

Credit Card Convenience Fee will be added to total if payment made by credit card.

eCheck Information – All Fields Required
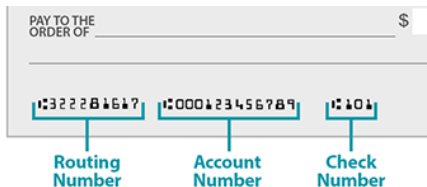
Account Type: ☐ Checking ☐ Savings

Check#: _____**

**If no check number is provided, LDP will assign a number which may affect processing.*

Name on Account: _____

Bank Routing Number: _____

Account Number: _____

Bank City/State: _____

Routing Number   Account Number   Check Number

Credit Card Information – All Fields Required

Card Type: ☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS ☐ DISCOVER

Card Number: _____

Expiration Date (mm/yy): _____

Security Code (CVV): _____

Name on Card: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Total Amount Charged $_____

Including Credit Card Convenience Fee

I hereby authorize payment by the business named above for the Payment Amount and Processing Fee stated above and warrant all information given is true. I further understand that this transaction is non-refundable and will not dispute the payment with the check or card issuing bank.

_____   _____

SIGNATURE OF ACCOUNT HOLDER   DATE

I understand that these funds may be withdrawn from my account as soon as the above noted transaction date. If payment is rejected for Non-Sufficient Funds (NSF), I understand that the business may at its discretion attempt to process the charge again within 30 days, and I agree to an **additional $25.00 charge for each attempt returned NSF**. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute this billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.