

McFARLING

LAW GROUP

Credit Card Authorization for Legal Name Change

Name on Card: _____

Type of Card (circle one): Visa | MasterCard | American Express | Discover

Card Number: _____

Expiration Date: ___/___

Security Code: _____

Billing Address:

Street Address

City, State, Zip

I hereby authorize McFarling Law Group to charge my card in the amount of \$1,000.00.

Print Name

Signature