This is a request for Orrick to set up automatic periodic charges to the credit card listed below. All information MUST be completed for the automatic transaction to take effect.

Card Number _____

Expiration Date _____

Card Code _____

Amount to be charged each period: week/month/quarter/etc. (Specify by circling or underlining) $_____

Day of the week, month, etc. to initiate the charge _____

Client and Matter Number _____

First and Last Name of Primary Card Holder _____

Company Name _____

Street Address _____

City, State and Zip _____

Phone Number of Card Holder _____

Email of Card Holder _____

Alternate Contact: Name, Phone, Email
_____

Authorized Signature(s):

_____
Print Name   Signature   Date

_____
Print Name   Signature   Date

Orrick will notify the contact(s) 2-3 days before the transaction is to be initiated.

Contact(s) must respond and confirm that the transaction can be initiated.

Orrick will email transaction receipt to the designated contact(s) as confirmation.

Orrick or the above listed contact(s) may cancel the automatic transaction in writing at any time at accounts_receivable@orrick.com.