

STATE BAR OF TEXAS



Membership Department

CREDIT CARD AUTHORIZATION FORM

I hereby authorize the State Bar of Texas Membership Department to charge the following amounts on my credit card:

Dues:	\$ _____
Legal Services Fee:	\$ _____
Access to Justice Contribution:	\$ _____
Other:	\$ _____
Credit Card Processing Fee:	\$ <u>5.00</u>
TOTAL:	\$ <u>_____</u>

Type of Credit Card: MasterCard Visa Discover American Express

Credit Card Number: _____ Exp date: ____/____

Please note that your total will include a \$5.00 credit card processing fee, to help offset the costs incurred by the State Bar of Texas for accepting credit card transactions. This \$5.00 fee is not greater than the State Bar's cost of accepting credit cards.

Name on Credit Card: _____

Authorized Signature: _____

Attorney's Name: _____

Attorney's Bar Number: _____

Authorization Date: _____

Please return the completed form via email at memmail@texasbar.com, fax at (512) 427-4424, or mail to State Bar of Texas, Membership Department, PO Box 12487, Austin, TX 78711-2487.