
Payment Agreement

Note: A valid credit card or is required to be on file during the course of our services.

- ☐ I will utilize Chase Quick Pay/Zelle for payment (payment can be sent to Dr. Wanzenberg at 6309266385)
☐ I will utilize Venmo for payment (Square or Quickbooks invoice)
☐ I will utilize a credit card for payment (Square or Quickbooks invoice)

I hereby authorize Wanzenberg & Associates to charge my credit card for the following amount:

- ☐ Initial 10 hour advocacy retainer of \$1900.00
☐ Current balance of \$ _____
☐ Other amount of \$ _____

- ☐ Please send me a secure payment link via Square or Quickbooks for payment
☐ Please contact me directly to transfer this information verbally

I understand that if my credit card is declined for any reason, I agree to provide Wanzenberg & Associates with alternate payment in the form of cash or other credit card with 48 hours.

This form will be kept on file for future reference. I understand that I may withdraw my participation in this credit card payment agreement at any time, by submitting an email or written request for withdrawal to Matthew Wanzenberg.

Client Signature: _____ Date: _____

Card # _____ Exp Date: _____

CVS/Security Code: _____ Billing Zip: _____