



T. Daniels Consulting

Credit Card / Electronic Check Payment Authorization

We Accept Visa and MasterCard

Click [here](#) to securely submit this form.

Credit Card – There is a 5% Processing Fee for Payments Made by Credit Card

Credit Card Type: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Card Security Code (last 3 digits on back of card): _____

Name on Card: _____

Electronic Check – There is No Processing Fee for Payments Made by Electronic Check

Routing Number: _____

Account Number: _____

Bank Name: _____

Bank City: _____

Bank State and Zip: _____

Billing Address:

Street Address: _____

City, State, Zip Code: _____

Business/Company Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Authorization Signature: _____

Please Print Name: _____ Date: _____

To securely submit this form, click [here](#).