

Recurring Payment Authorization Form

Pursuant to the terms of your Retainer Agreement, you are required to set up automatic payments on your account. These payments will be made on the date you select. This form authorizes those payments to be set up on a recurring schedule. If there are changes to your credit/debit card or bank account, it is your responsibility to let us know so that we can update your payments accordingly.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Bank Account or a Visa, Mastercard, American Express, or Discover Card. You will be charged each billing period for the agreed-upon amount of ONE THOUSAND FIVE HUNDRED EIGHTY-THREE DOLLARS AND NO/100THS (\$1,583.00) on the agreed-upon dates. It is anticipated that billing will occur monthly under the agreement. You will receive your regular invoices with the amount due and owing on your account; however, you will only be required to pay the ONE THOUSAND FIVE HUNDRED EIGHTY-THREE DOLLARS AND NO/100THS (\$1,583.00) on a monthly basis until your balance is paid off in full. If you wish to increase your payments, please notify us in advance of the scheduled payment, so we can update it accordingly. You agree that no prior notification is necessary to charge your credit card or draft from your bank account. A receipt will be sent to your email on file with our office.

I, MUHAMMAD YASIN, authorize HEUSINKVELD LAW FIRM, PLLC to charge my credit card on or around the 5TH of each month, for payment of legal services. I am responsible for notifying HEUSINKVELD LAW FIRM, PLLC at least 48 hours prior to a scheduled payment if I need to change the scheduled date of the payment.

I understand that I will receive an invoice with the total balance owing on my account and that no prior notification is necessary to charge my credit card or draft my bank account for the agreed-upon amount of ONE THOUSAND FIVE HUNDRED EIGHTY-THREE DOLLARS AND NO/100THS (\$1,583.00) on a monthly basis until my balance is paid in full.

Billing Address: 1251 1ST AVENUE E

Phone Number: (612) 426-1963

City, State, Zip: SHAKOPEE, MN 55379

Email: RAYSINCH@GMAIL.COM

ACCOUNT INFORMATION TO BE BILLED

Credit Card

Type: Visa MasterCard Amex Discover

Cardholder Name (exactly as it appears on the card): _____

Account Number: _____

Expiration Date: _____

CCV Number: _____

(3 digits on the back of Visa/Mastercard/Discover, 4 digits on the front of American Express)

Bank Account

Bank Name: _____

Account #: _____ Routing #: _____

I authorize HEUSINKVELD LAW FIRM, PLLC, to charge the indicated credit card or bank account for the amount due under my contract according to the terms and schedule outlined above. This authorization will remain in effect until either (1) my case is closed and all amounts due and owing on my account are paid in full, or (2) I cancel it in writing. I will notify HEUSINKVELD LAW FIRM, PLLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next scheduled payment date. I agree if payment is not made according to this authorization, or payment is rejected because of insufficient funds, HEUSINKVELD LAW FIRM, PLLC, may, within the rules of professional conduct, suspend work on my case until all amounts due and owing on my account are paid in full. I am an authorized user of this credit card or bank account and will not dispute on my account amounts owing under the contract unless they exceed the authorization limits agreed to in this document and my retainer agreement, with my credit card or bank/credit union institution, provided the transactions correspond to the terms indicated in this authorization form and my retainer agreement.

Signature: _____

Date Authorized: _____