

Oregon State Bar Credit Card Authorization Form

DO NOT USE FOR: Annual Membership Fees, Section Membership Dues, or Lawyer Referral Invoices

Purpose of Payment

- Reinstatement Fees Amt: _____ Acct No: 115-4580-000
- Status Change Fees Amt _____ Acct No: 100-2510-035
- Certificate of Good Standing
- New Lawyer Mentoring Fee Acct No. 116-4565-000
- Invoice Payment - Invoice # _____
- MCLE Fees
- \$ _____ MCLE Sponsor Fee (MCLE Reg. 4.350) Acct No. 121-4550-000
- Program Title _____ Date _____
- Program Title _____ Date _____
- \$ _____ MCLE Sponsor Late Fee (MCLE Reg. 4.350) Acct No. 121-4355-045
 (for applications received more than 30 days after program date)
- \$ _____ MCLE Member Late Filing Fee (MCLE Rule 7.5) Acct No. 121-4355-000
- Other *(describe)* _____
- \$ _____ Acct No. _____ - _____ - _____
- CLE Exhibitor/Sponsor Fee: Exhibitor/Sponsor Name _____
- Program Title _____ Date _____

The bar only accepts VISA and MASTERCARD

Cardholder authorizes the Oregon State Bar to charge his/her: Visa MasterCard for this transaction.

6-Digit Bar or Non-Member Number: _____

Cardholder Name: _____ Authorized Charge Amount \$ _____

Cardholder Signature: _____
Required if member completes form

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Credit Card Number: _____ Expiration Date: _____

Credit card address is the address to which the credit card statement is billed each month.

Credit Card Street Address: _____

Credit Card City/State/Zip Code: _____

Obtain a phone number or email address for confirmation. If an email address is provided, a receipt will be sent when the card is charged and approved.

Phone No: _____ E-mail Address: _____

Completed by _____ **Date** _____