



THE BAR ASSOCIATION OF
SAN FRANCISCO

Mediation Services of the Bar Association of San Francisco

CREDIT CARD CHARGE FORM

[4640-12]

Case Title: _____

Party(s) for whom the fee is being paid: _____

Type of Card: Visa MasterCard American Express

Card Number: _____

Expiration Date: _____ Three or four digit security code: _____ Billing Zip: _____

I authorize payment of the \$295 per party administrative fee to my charge card listed above, in the amount of _____.

Print name as it appears on the credit card: _____

Date: _____ Signature: _____

Mediation Services
The Bar Association of San Francisco
201 Mission St., Suite 400, San Francisco, CA 94105

(415) 982-1600 Fax (415) 989-0381 mking@sfbar.org www.sfbar.org/mediation

Tax ID No: 94-030-4950