

**Lawyers and Judges Assistance Program
Debit/Credit Card Payment Slip**

Client Name: _____

Payment Date _____

Payment Amount: _____

Credit Card Type: Visa MasterCard

Debit/Credit Card #: _____

Expiration date: _____

3 Digit Security Code: _____

Billing Address (Street Address, City, State, Zip):

Name on Card: _____

Authorizing Signature

(Must be cardholder's signature): _____

Credit Card payment forms cannot be sent via e-mail

Fax: 517-372-9030

Mail: Attn: Jennifer Clark
State Bar of Michigan
306 Townsend St.
Lansing, MI 48933