



## SACRAMENTO COUNTY BAR ASSOCIATION

### Mandatory Fee Arbitration Program

8928 Volunteer Lane, Suite 250, Sacramento, CA 95826 \* Phone (916) 604-9726 \* Fax (916) 564-3787  
\* e-mail [feearb@sacbar.org](mailto:feearb@sacbar.org) \* [www.sacbar.org](http://www.sacbar.org)

### Filing Fee Credit Card Charge Form

Petitioner's Name: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Type of Card:  Visa  Mastercard  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Three-digit CVV: \_\_\_\_\_

Billing Address, including Zip Code: \_\_\_\_\_

I authorize payment of the Sacramento County Bar Association Mandatory Fee Arbitration filing fee to be charged to my credit card listed above in the amount of:

\$

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

#### **Important:**

Please return this form with your Request to Arbitrate a Fee Dispute if you are paying the filing fee by credit card. Please send only the original of this form and do not make copies of this form.