



**THE STATE BAR OF CALIFORNIA  
MCLE PROVIDER CERTIFICATION**

180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300

**MCLE PROVIDER CERTIFICATION  
CREDIT CARD AUTHORIZATION FORM**

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

I authorize the State Bar of California to charge my credit card for \$ \_\_\_\_\_

**Please check which fee you are paying:**

- Single Activity Provider Application
- Multiple Activity Provider Application
- Multiple Activity Provider Renewal

(This form may not be used to pay dues or other attorney fees; it only may be used to pay fees related to MCLE Provider Certification.)

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

Credit Card Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Month/Year

Check Credit Card Type:  Master Card  Visa

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

Address: \_\_\_\_\_

Foreign Address (if applicable): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Name of Provider: \_\_\_\_\_  
(Please Print)

E-Mail: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Please submit to: The State Bar of California  
MCLE Provider Certification  
180 Howard Street  
San Francisco, CA 94105-1617