



CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION

- ☐ Visa
- ☐ Master Card
- ☐ American Express
- ☐ Discover

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Billing Street Address: _____

AUTHORIZATION

I, _____ authorize Counseling Specialists to charge my above stated credit card for services rendered to the following individual(s):

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____
5. _____ Relationship: _____

I understand that this credit card information will be placed on file to cover current, future, and any outstanding past transactions for the above stated individual(s). I also acknowledge that future transactions will be billed at the time the services are rendered, unless otherwise agreed upon in writing.

SIGNATURE

Signature of Client, Parent, or Legal Guardian

Date

Printed Name of Client, Parent, or Legal Guardian

Relationship to the Client/Minor