

Credit Card Authorization Form

Please complete all fields for payments, co-payments, deductible payments or missed appointment fees. You may cancel this authorization at any time after debts are paid by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information Type:

☐ MasterCard☐ VISA☐ Discover☐ AMEX

Cardholder Name (as shown on card)

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

Expiration Date (month/year)\_\_\_\_\_\_\_\_\_CCV Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_(from credit card billing address):

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize *Christian Counseling Center of Bartlett, LLC* to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date