

CREDIT CARD AUTHORIZATION FORM



Credit Card Information	
Check Card Type: <input type="radio"/> Discover <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> American Express	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date: (mm/yy):	CVV Code:
Billing Address:	
Billing City/State:	Billing Zip Code:

I, _____ authorize Maria Potter Counseling Services, LLC to keep my signature on file and to charge my Credit or Debit Card account above for **counseling sessions, past due balances, including late cancellation and no-show fees of \$45.00, without additional authorization.** I understand that my information will be saved to file for future transactions on my account unless I cancel this authorization through written notice to Maria Potter Counseling Services, LLC.

Client Name(s): _____

Cardholder Signature: _____ Date: _____