

## CREDIT CARD ON FILE AUTHORIZATION

Please complete this form if you would like to keep your credit card on file for future payments. You may elect to provide us with credit card information separately for each payment. (Please provide a **credit** and not debit or HSA card to keep on file. You may use a debit or HSA card at the time of your visit).

Information to be completed by the card holder:

Cardholder Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Card Type: Visa \_\_\_ Mastercard \_\_\_ American Express \_\_\_ Discover \_\_\_ Other \_\_\_  
Expiration Date: \_\_\_\_\_  
Security Code: \_\_\_\_\_  
Billing Zip Code: \_\_\_\_\_  
E-mail \_\_\_\_\_

I, \_\_\_\_\_, authorize [YOUR BUSINESS NAME] COUNSELING SERVICES to charge the above credit card account for payments owed to my account for services rendered at its office. I agree to update any information regarding this account. The above information is complete and correct to the best of my knowledge.

Cardholder  
Signature \_\_\_\_\_ Date \_\_\_\_\_