

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: VISA MasterCard AMEX Health Savings card
 Other _____

Card Number: _____

Card Code number: _____

Cardholder Name (as shown on card): _____

Cardholder Zip code (from credit card billing address): _____

I, _____, authorize Suzanne Waller, NCC, LPC, LCPC to charge my credit card for the agreed upon amount for services rendered. I understand that my information will be saved for future transactions on my account.

Signature _____ Date _____