Healing Families Initiative

EST 2021

Credit Card Authorization Form

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

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVV: _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize **Healing Families Initiative LLC** to charge my credit/debit card above for agreed upon services/purchases. I understand that my information will be saved to file for future transactions on my account.

Program/Service: _____

Fee Schedule:

_____ / Session   x   _____ Total # Sessions   =   _____ Total Charge

_____   _____
Cardholder Signature   **Date**