Credit Card Authorization Form

You are required to have a Credit Card on file to ensure timely collection of payment on any open balances.

I agree to be charged for any open balances accrued in my account with OSSI PACE, LMFT including Late Cancellations, No-Shows, Late Payments, Bounced Checks, and other stipulations as outlined in my Services Agreement Contract.

I agree to the terms and conditions above:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT NEATLY

Name as appears on credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Card:

o Visa

o Master Card

o Discover

o Amex

Security Code: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Zip Code:

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

Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_