

# Counseling for Growth, LLC

## 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: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVV: _____
Cardholder ZIP Code (from credit card billing address): _____
Phone number or e-mail to text receipts: _____

I, \_\_\_\_\_, authorize Counseling for Growth, LLC to charge my credit card above for any outstanding balance on my account and/or for \$50.00 due to any sessions missed or not canceled with at least a 24 hour notice. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date