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: | □ MasterCard | □VISA | □ Discover | □ AMEX |
| | □Other | | | |
| Cardholder Name (as shown on card): | | | | |
| Card Number: | | | | |
| Expiration Date (mm/yy): | | | | |
| <u>CVV:</u> | | | | |
| Cardholder ZIP Code (from credit card billing address): | | | | |
| Phone number or e-mail to text receipts: | | | | |

I,______, authorize <u>Counseling for Growth, LLC</u> to charge my credit card above for any outstanding balance on my account and/or for \$30.00 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