

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 including HSA/FSA
Cardholder Name (as shown or	card):
Card Number:	CVV:
Expiration Date (mm/yyyy):	
	it card billing address):
agreed upon charges related to who is my	uthorize ES Counseling, LLC to charge my credit card above for counseling sessions for I understand that my information will be saved to file for count for the person listed above.
Credit Card Holder Signature	Date
STATE OF FLORIDA COUNTY OF The document was acknowledged by	pefore me this day of 20, by
_	(name of person acknowledging.)
Signature of Notary Public	
Print, Type/Stamp Name of Notary Personally known: OR Produced Identification: Type of Identification Produced:	(Seal)