

***Libby Rooney Counseling, LLC  
8575 W. 110th Street, Ste. 225  
Overland Park, KS 66210***

**Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting me. 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): \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

CVV Number: \_\_\_\_\_

I, \_\_\_\_\_ authorize Libby Rooney Counseling to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions