



INNER RESILIENCE  
COUNSELING & CONSULTING

## Credit Card Authorization

I hereby authorize Inner Resilience Counseling & Consulting, PLLC to make charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/ debited in error.

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

Billing address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please circle one:      Visa / Mastercard / Discover / American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

\*Please note that there will be a 2.60% fee for each credit/ debit card transaction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date