RelationQuest Counseling Credit Card Authorization

RelationQuest Counseling allows for credit card authorization to be held securely on file. If you wish to keep your credit card information stored in our system, please complete the following form.

Client Name:		
Responsible Party Name:		
I,	t card for charge	es due at time of visit as outlined in
I authorize RelationQuest Counseling to keep by me as indicated above. I understand that t through written notice.		_
Receipt? Yes No		
If yes, please provide the email address to wh	ich you would lil	ke your receipt sent.
Email:		
Cardholder signature	Initials	 Date
Visa Mastercard Discover	Othe	r (indicate)
Credit Card #:		
Exp. Date: CVV Code:		Zip Code:
Cardholder Name, as it appears on the card: _		
Cardholder Address:		
City		