

**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.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
3-digit Pin: _____
Cardholder Billing Address: _____

I, \_\_\_\_\_, authorize Evexia Counseling & Consulting to charge my credit card above for the agreed upon session rate. I understand that my information will be saved to file for future transactions on my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_