MAIN STREET COUNSELING

# CREDIT CARD AUTHORIZATION FORM

Your card will be charged within the 48 hours following the time of service. Please complete all fields below. 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 |
| Cardholder Name (as shown on card): _____ |
| Card Number: _____ |
| CVV (3 digits on the back):_____ |
| Expiration Date (mm/yy): _____ |
| Cardholder ZIP Code (from credit card billing address):_____ |

I,_____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

CANCELLATION POLICY: I also agree that my credit card can be charged for any session that is not cancelled at least 24 hours prior to the scheduled session. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Main Street Counseling Solutions in writing of any changes in my account information or termination of this authorization. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

Client Signature (age 12 & above) Date

Legal Guardian Signature Date