

## CREDIT CARD AUTHORIZATION FORM

I require that a current credit card be on file at all times. The credit card will be automatically charged for the balance of any outstanding accounts that are not settled within 60 days of service.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

### Credit Card Information

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

Type of card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

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

CVV \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

### Authorization

I hereby authorize this card to be used for service charges at Krista H. Sand, LICSW, LADC-I

Cardholder Signature \_\_\_\_\_

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