

D'Amico & Associates in Counseling

Credit Card Authorization Form

Please complete all fields, print, and sign the bottom of this page. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type	
Cardholder Name	
Card Number	
Expiration Date	
CVV	
Billing Street Address	
Billing City, State, ZIP Code	

I, _____, authorize D'Amico & Associates in Counseling to charge my credit card for agreed upon services. I understand that my information will be saved to file for future transactions on my account.

Agreed upon services for the following clients are authorized to be charged to this credit card:

Authorized Client List	

Signature: _____

Date: ____ / ____ / ____