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.

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| **Credit Card Information** |
| Card Type | (select one) |
| Cardholder Name(as it appears on card) |       |
| Card Number |      -     -     -      |
| Expiration Date |       |
| CVV (3-digit code) |       |
| Billing Street Address |       |
| Billing City, State, & Zip Code |                   |
| Cardholder Email Address |       |

I, , authorize HOPE for Recovery to charge my credit card for agreed upon services. I understand that a convenience fee of $1.50 will be added to each credit card transaction. 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:

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| **Authorized Client List** |
| (Client Name) | (Client Name) |
| (Client Name) | (Client Name) |
| (Client Name) | (Client Name) |

Signature:      Date:      /     /