



## **Credit Card Authorization Form**

Client Name \_\_\_\_\_ Therapist \_\_\_\_\_  
Cardholder Name \_\_\_\_\_ Phone \_\_\_\_\_  
Card Number \_\_\_\_\_ CVV \_\_\_\_\_  
Amount/Session \_\_\_\_\_ Insurance \_\_\_\_\_ Private Pay \_\_\_\_\_

I authorize Christian Life Counseling to use the credit card information listed above to charge for services provided. This authority will remain in effect until I provide written notification to withdraw my authorization.

*I will promptly notify Christian Life Counseling of any changes if the provided credit card information changes.*

**I understand and agree to the nature of this authorization.**

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

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date