



### Credit Card Authorization Form

I hereby authorize Adulteen Counseling, LLC to charge the credit or debit card listed below to pay for services they have provided (copays, coinsurance, or private pay fees).

Credit/Debit Card Information	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Cardholder Name (as shown on card):	
Card Number: _____ - _____ - _____ - _____	
Expiration Date (mm/yy):	Billing ZIP Code:

I understand this information will be retained on file for future transactions on my account, and that I may cancel this authorization at any time by contacting the Adulteen Counseling business office.

\_\_\_\_\_  
Signature of Client or Guardian

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