

Center for Positive Change

Credit Card Authorization Form

Client Last Name _____

Client First Name _____

Client ID# _____

Cardholder Name _____
(as it appears on card)

Type of Card ___ Visa ___ Master Card ___ Discover
___ Am Express ___ Other _____

Credit Card Number _____

Expiration Date _____ Security Code (CVS) _____

Billing Zip Code _____ Phone # of Cardholder _____

Authorized Amount\$ _____

I hereby authorize the Center for Positive Change to charge the credit card listed above for the agreed amount of \$_____ every time the client listed above is seen by a provider at Center for Positive Change. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field, and the number of charges may not exceed the frequency of service dates for the client listed above. No charge shall be authorized unless services have been rendered.

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. If additional charges are going to be authorized a new form will have to be completed.

Signature of Cardholder

Date

Signature of Staff / Witness

Date

Client Last Name:

Client First Name: