



**CREDIT CARD AUTHORIZATION FORM**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

**Please check your preference:**

- Please charge my card at the end of each session
  
- Please charge my card at the end of the month

<p><b>Credit Card Information</b></p> <p><b>Credit Card Company:</b></p> <p><input type="checkbox"/> Mastercard    <input type="checkbox"/> Visa    <input type="checkbox"/> Discover    <input type="checkbox"/> AMEX    <input type="checkbox"/> Other _____</p> <p>Cardholder Name (as written on the card): _____</p> <p>Card Number: _____    Exp Date: _____    CVC : _____</p> <p><b>Billing Address:</b></p> <p>Street Address: _____</p> <p>City: _____    State: _____    Zip Code: _____</p>
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I, \_\_\_\_\_, authorize New Transitions Counseling Center to charge my credit card above for agreed upon services. I understand that my information will be saved to file for future transactions on my account.

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Name** \_\_\_\_\_