

*Jessica D. Getson, LPC, DBTC*

*Positive Therapy for Personal Healing*

**CREDIT CARD AUTHORIZATION FORM**

**Name (Please Print):** \_\_\_\_\_

**Name as it appears on the Credit Card (Please Print):** \_\_\_\_\_

**Type of Card:**  VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

**Credit Card Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ / \_\_\_\_\_

**Security Code (BACK SIDE of Visa or Master Card) (3 digits)** \_\_\_\_\_

**Security Code (FRONT SIDE of American Express) (4 digits)** \_\_\_\_\_

**Credit Card Billing Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email to send receipt of payment: \_\_\_\_\_

**Check only one below**

- As the Individual cardholder, I hereby authorize this card to be used for future payments.
- As the client and authorized credit card user, I hereby authorize this card to be used for future payments.

**Cardholder or Authorized User's Signature:** \_\_\_\_\_

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