



**CREDIT CARD AUTHORIZATION FORM**

Client Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Therapist: \_\_\_\_\_

Type of Credit Card (only MasterCard or Visa): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

3 digit verification code (# on back of card): \_\_\_\_\_

Date of Service: \_\_\_\_\_

Charge Amount: \_\_\_\_\_

I, \_\_\_\_\_, authorize Safe Harbor to bill my credit card for the amount indicated above and/or for any ongoing balances on my account.