



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.