

ANDREWS & ASSOCIATES
COUNSELING



Credit Card Authorization Form

I authorize Andrews & Associates Counseling to process payments on my VISA or MasterCard or Discover Card for psychotherapy sessions. I understand that I can revoke this authorization in writing at any time.

Client: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

| | | |
|-------------|-----------|--------|
| Card Number | Exp. Date | V-code |
|-------------|-----------|--------|

Signature

Date