

**CREDIT CARD AUTHORIZATION FORM**

DATE: \_\_\_\_\_ PROVIDER: \_\_\_\_\_

***PLEASE NOTE THAT USING YOUR CREDIT CARD WILL RESULT IN AN ADDITIONAL 3% PROCESSING FEE.***

I authorize LifePointe Counseling, LLC to keep my signature on file and to charge my credit card as indicated below:

**CLIENT NAME:** \_\_\_\_\_

**DATE(S) OF SERVICE BEING PAID:**

- ALL VISITS                       ALL VISITS THIS YEAR                       VISITS THIS MONTH ONLY  
 LIFEPPONTE ACCOUNT BALANCE PAYOFF(S)                       THIS VISIT ONLY  
 OTHER \_\_\_\_\_

**CARDHOLDER NAME:** \_\_\_\_\_  
*(Exactly as it appears on credit card)*

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ / \_\_\_\_\_      **CVC SECURITY CODE:** \_\_\_\_\_

**CARD TYPE (*circle one*):**    Discover                      Mastercard                      Visa                      HSA

**AMOUNT (*whole dollar*):** \_\_\_\_\_

\*This agreement for payment shall not exceed \$ \_\_\_\_\_ per charge date.

**Cardholder Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_