



# Credit Card Authorization Form

I, *(your name)* ....., hereby give authorization to Millennium Counseling Center to charge the below mentioned credit card at time of service for:

*(Client name)* .....

## Credit Card Information

VISA       MasterCard

Credit card #: .....

Expiration date: ..... CVVC (3 digits on back): .....

Name on card: .....

Address: .....

City: ..... State: ..... Zip Code: .....

Signed: ..... Date: .....

**To terminate this authorization, you must notify Millennium Counseling Center in writing one week prior to any scheduled appointments.**