



Community Hope Christian Counseling

Helping People Find the Hope of Christ

Credit Card Authorization Form

Please complete all fields. You may change this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover Other _____
Cardholder Name (as shown on card):	
Card Number: _____	
Expiration Date (mm/yy): _____ CVC: _____	
Cardholder ZIP Code (from credit card billing address):	

I, _____, authorize Community Hope Christian Counseling Center to charge my credit card above. I understand that my information will be saved on file for future transactions on my account.

Client Signature

Date