

Safe Harbor Counseling
Credit Card Payment Authorization Form

Client Name _____ Date _____

Please initial

____ I hereby authorize Safe Harbor Counseling to charge the amount I indicate using the credit card information below.

____ I understand that I will be notified of any charges made by Safe Harbor Counseling to this credit card.

____ I understand that I can leave a message on with Beth Plachetka, LCSW, EdD (630-272-4959) authorizing payment.

____ I will state the client name, amount to be charged (from bill) and to use the credit card on file.

Cardholder Name: _____

Account Type: ☐ VISA ☐ MasterCard ☐ Discover

Credit card number: _____

Exp Date _____

CCV(3 digit # on back of card): _____

Billing Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

____ I authorize Safe Harbor Counseling to charge the credit card indicated in this authorization form according to the terms outlined above. If Safe Harbor Counseling is unable to process my payment I will be responsible for an alternate payment arrangement and a \$10.00 fee in addition to any other fees that may be applied though the credit card company.

____ I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: _____ **DATE:** _____