

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting the billing office. This authorization will remain in effect until canceled.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express  <input type="checkbox"/> Other:
Cardholder Name:
Card Number:
Expiration Date/CVC:

I, \_\_\_\_\_ authorize Insight Center for Counseling and Recovery to charge the above credit card for agreed upon payments. I understand that my information will be saved for future transactions on my account. Charges will typically be made within 48 hours after a session. An e-mail copy of the receipt will be sent directly to you.

If you have other family members that will be using this card, please list their names below.  
 None


<b>Customer Signature</b>	<b>Date</b>
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<b>Counselor Name (Please Print)</b>	<b>Counselor Signature</b>
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Please scan or send a picture of this document to [billing@insightcenterforcounseling.com](mailto:billing@insightcenterforcounseling.com)