

# CHRISTIAN COUNSELING ASSOCIATES

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by providing contacting us in writing. This authorization will remain in effect until cancelled.

### Credit Card Information

Card Type:    MasterCard    VISA    Discover    AMEX    Other

Cardholder Name (as shown on card):

Card Number:

Expiration Date

CVV #:

Cardholder ZIP Code (credit card billing address):

I, \_\_\_\_\_, authorize Christian Counseling Associates to charge my credit card above for agreed upon amount. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

5509 Pleasant Valley Dr., Ste 90, Plano, TX 75023  
2305 Mustang Dr., Ste 200, Grapevine, TX 76051