

# 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 (mm/yy): \_\_\_\_\_ 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