

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

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