

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting Misti Wetzel/Wetzel Counseling. This authorization will remain in effect until canceled.

Credit Card Information
Card Type: (circle) MasterCard VISA Discover AMEX Other: _____
Cardholder Name (as shown on card): _____
Card Number: _____ CVV/CVC: _____ (three or four digit code)
Expiration Date (mm/yy): _____
Cardholder Zip Code (from credit card billing address): _____

I _____, authorize **Misti Wetzel/Wetzel Counseling** to charge my credit card above for agreed upon fees. I understand that my information will be saved to file for future transactions on my account.

Client/Guardian of Client Signature

Date