

2100 N. Sepulveda Blvd., Ste. 27, Manhattan Beach, CA 90266

**Credit Card Authorization Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize One Heart Counseling Center, Inc. to charge my credit card.

 (NAME)

I understand that my credit card may also be charged for late cancellations (less than 24 hours advance notice).

I understand that my therapist or the OHCC administrative assistant will inform me of occasions on which my credit card will be charged.

CREDIT CARD TYPE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARD CV2 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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BILLING ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME ON CARD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (As it appears on card)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE