

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. 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): _____

Three-digit security code on back of card: _____

Billing Address:

Email: _____ Cell Phone: _____

Cardholder ZIP Code (from credit card billing address):

I, _____, authorize *Dr Michael A Emerson, Montana City Counseling* to charge my credit card above for agreed upon purchases. I understand that my information may be saved to file for future transactions on my account.

Customer Signature / Date
