



Saga Marriage, Family & Individual Counseling, Inc.
Credit Card Authorization Form

If you wish to use a credit card for this session and/or all sessions, please provide the following information,

Thank you.

Name on Credit Card: _____

Address _____

State _____ Zip Code _____

Type of Credit Card: Master Card/Visa/Discover

Session Amount: _____

Credit Card Number: _____

Expiration Date _____

Security Code: _____

I would like to make ALL payments with this credit card

I am providing this credit card as a secondary payment option

I hereby give permission to charge my credit card for the amounts above, and for the duration as indicated by the above checked box.

Signature _____

Date _____