



## Credit Card Processing Authorization Form

Name on Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Type: AmEx \_\_\_\_\_ Visa \_\_\_\_\_ M/C \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signed Authorization: \_\_\_\_\_

Date: \_\_\_\_\_

This will be kept on file unless it is revoked in writing to use for appointment charges, missed appointment fees, and any other rental items not returned in their original condition by the specified return date.

Please note that the charges may appear on your credit card listed as either Westlake Village Counseling Center or under the therapist name and will not have your signature. The signature line will indicate N/A (not available) and will reference this form as your prior authorization.