

Connect Counseling Center, LLC

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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at anytime by contacting us. This authorization will remain in effect until cancelled.

Client Name: _____

Credit Card Information:

Card Type: ___ Mastercard ___ Visa ___ Discover ___ AMEX ___ Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ CVV: _____

Billing Zip Code for card: _____

I, _____, authorize Connect Counseling Center, LLC to charge my credit card above for services rendered or any other fees that I may owe. I understand that my information will be saved to file for future transactions on my account.

Signature

Date