



CREDIT CARD AUTHORIZATION

Adult Client Name: _____

Child Name: _____

Parent/Guardian Name: _____

Address: _____ Zip Code _____

Daytime Phone: _____ Daytime Email: _____

Cell Phone: _____ Evening Phone: _____

I give permission for the Bridge Family Center counseling program to charge my credit card for Bridge services fees.

Name as it appears on the card: _____ CVC code: _____

Circle one: MC or VISA Card Number: _____ Exp. Date: _____

PLEASE NOTE THAT CHARGES TO YOUR ACCOUNT FOR RECURRING CREDIT CARD TRANSACTIONS MAY OCCUR AT ANY TIME ON THE DESIGNATED PAYMENT DATE(S).

If the credit card is declined, a \$25 fee will be charged. Please contact us with an alternate payment option.

Printed Name

Signature

Date: