



Credit Card Authorization Form

Date: _____ Company Name: _____

Name as it appears on Credit Card: _____

Street Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Email: _____ Phone: _____

Credit Card Type: Visa MasterCard American Express Discover

Credit Card Number: _____

Exp. Date: _____ CVV #: _____

I authorize Clarity Connection LLC to keep this information on file and charge future approved payments related to counseling services.

Signature: _____

Date: _____