



QUADRA Counseling Associates, LLC

Credit Card Authorization Form

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

| Credit Card Information | |
|---|---|
| Card Type: | <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____ |
| Cardholder Name (as shown on card): | _____ |
| Card Number: | _____ |
| Expiration Date (mm/yy): | _____ |
| CVV Code: | _____ |
| ZIP Code (credit card billing address): | _____ |

I authorize Quadra Counseling Associates, LLC to charge my credit card (above) for charges (including, but not limited to, session copays, session deductibles, missed session fees, collateral work that is not covered by insurance, etc.) for the following clients:

I understand that my information will be saved to file for future transactions on my account.
I understand that I can revoke my authorization at any time in writing.

Signature _____

Date _____