



Credit Card Authorization Form

Please complete all fields. This authorization will remain in effect until cancelled.

Credit Card Information:

- Visa
- MasterCard
- Other: _____

Cardholder name (as shown on card): _____

Card Number: _____

Expiration (mm/yy): _____

3-digit code: _____

Zip code associated with card: _____

I, _____ authorize Loretta Parker/Loving Life Family Therapy, to charge my credit card for agreed upon services. I understand that my information will be saved for future transactions for services.

Customer Signature

Date