



Aria Counseling

Assessment & Mediation Centers

CREDIT CARD AUTHORIZATION FORM

Please complete all fields.

| | | | | |
|--|------------|------|----------|------|
| Card Type: | MasterCard | Visa | Discover | AMEX |
| Cardholder's Name (as shown on card): | | | | |
| Client Name (if different from cardholder): | | | | |
| Card Number: | | | | |
| Expiration Date (mm/yy): | | | | |
| CVC Code: | | | | |
| Card Zip Code: | | | | |
| Email Address: | | | | |

I, _____ authorize Aria Counseling Assessment & Mediation Centers to charge my card for agreed services. I understand that my information will be saved securely for future transactions on my account. You may cancel this authorization anytime by contacting us at admin@ariacounselingmn.com. This authorization will remain in effect until revoked.

Signature: _____

Date: _____