

Authorization for Credit Card Agreement

I, _____, give Kilgore Samaritan Counseling Center permission to applied charges for services to my credit card. Kilgore will send a receipt to you after each charge. I agree to pay \$50 if I miss an appointment without a 24 hour cancellation notice or skip the co-pay. If I am a Samaritan Fund recipient, I am aware that is may subject me to losing the scholarship.

Type of card: _____
(Visa/Master Card/Discover/American Express)

Card Number: _____

Expiration Date: _____

V# (last 3 digits on the back of the card): _____

Numerical portion of street address: _____
(Please use the billing address the card is issued to)

Zip Code: _____
(Billing Zip Code the card is issued to)

Contact Phone number(s) of client: _____
(Please give a number where Kilgore can leave a message, if needed)

Signature

Date