

Credit Card Authorization



200 East Main Street
LaHarpe, Illinois, 61450

Date: _____

Client Name: _____

Credit Card #: _____

Expiration Date: _____

3-digit security #: _____

(circle): mc / visa / discover / Am Express

I give authorization for New Hope Counseling to bill my credit card for invoiced charges.*

_____ client signature

_____ date

* This authorization expires one year after the signed date above.