

**Awareness Counseling Center**  
**100 Katelyn Circle, Suite B**  
**Warner Robins, GA 31088**  
**www.awarenesscounselingcenter.com**

**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 in writing.

<b>Credit Card Information</b>
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): _____ Security Code: _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize my therapist or the office staff to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. The amounts charged could include session fees, deductibles, copayments, and no-show and late cancellation fees.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date