***A Step Forward, Inc.*** *Child, Adolescent, and Adult Psychotherapy*

*2827 Concord Blvd., Concord, CA 94519 925-685-9670 Office*

*a-step-forward@sbcglobal.net 925-685-1528 Fax*

**CREDIT CARD CHARGE AUTHORIZATION**

I,      , hereby authorize to charge the following credit card on a (check one)

🗆 weekly basis 🗆 monthly basis ☒ per session basis 🗆 other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the amount of $ .

I understand that this authorization may be revoked by me at any time.

Name (as it appears on the card):

Credit Card Number:

Expiration Date:  V-Code\*:  Billing Zip Code:

How would you like to receive your receipt?  Text Message  Email

Cell Phone # or Email Address:

Client's Name:

Card Holder's Name:

Card Holder's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

 Contact Phone #:

*\* V-Code is last 3 digit security code on back of credit card.*