

CREDIT CARD AUTHORIZATION FORM

Card Holder's Name: _____
(exactly as it appears on the credit card)

Client's Name: _____
(only if different than Card Holders Name)

Card Type (circle one): M/C Visa Discover AmEx

Card Number: _____

Expiration Date: _____ / _____ / _____

CVV Code: _____

Billing Address: _____

City: _____

State: _____ ZIP: _____

Card Holder Phone Number: _____

I authorize the purchase of services from Family Service Center using this Credit Card Authorization Form. This credit card information will remain on file in a protected and secured space for utilization of payment. I agree that I will indemnify and hold Family Service Center harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as an authorized signature. Lastly, I authorize FSC to utilize this credit card to pay any outstanding balance on my FSC account.

Card Holder Signature: _____ Date of Signature: _____