

**REDWOOD
Counseling Services**

CREDIT CARD AUTHORIZATION

I hereby authorize Redwood Counseling Services LLC to keep my credit card on file along with information needed to process a sale, and charge my card each time the following client receives counseling from Redwood Counseling Services LLC.

<hr/> <p>Client Name</p>	<hr/> <p>Relationship to cardholder (self, child, spouse, friend)</p>	<hr/> <p>Fee</p>
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Name on Card (cardholder)

Billing address for card

City, State, Zip

MC Visa Discover American Express (circle one)

Credit Card Number ____-____-____-____ Exp. ____-____ 3-digit security code ____

- I understand that the above card will automatically be charged for a missed appointment, or an appointment not cancelled 48 hours in advance.
- I understand that I may revoke this authorization at any time by written notification to Redwood Counseling Services LLC. This authorization will be in effect until the card's expiration date or until revoked by the cardholder, whichever comes first.
- I certify that I am the authorized signer for this card.

Signed,

Cardholder signature

Date

Phone number

Truth • Hope • Transformation

Redwood Counseling Services • 7851 S. Elati, Ste. 203, Littleton CO 80120 • 303-351-5153