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Credit Card Payment Authorization Form

Sign and complete this form to authorize Calvary Counseling Center to make a debit to your credit/debit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for therapeutic behavioral health transactions only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Calvary Counseling Center to charge my credit/debit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined herein. This payment authorization is for therapeutic behavioral health goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit/debit card company; so long as the transaction corresponds to the terms indicated in this form.