



Healing Waters Counseling

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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> HSA CARD <input type="checkbox"/> Other
Cardholder Name (exactly as shown on card):
Card Number:
Expiration Date (mm/yy): _____ CVS Code (on back of card) _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize **HEALING WATERS COUNSELING** to charge my credit card above for agreed upon purchase of intake services ____ counseling services _____. I understand that my information will be saved to file but will not be used without my previous verbal/written authorization.

 Customer Signature

 Date

Service Type: _____ Staff Initials: _____