

Graceview Counseling Center, PLLC  
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## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

|   |
|---|
| Credit Card Information   |
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX<br><input type="checkbox"/> Other: |
| Cardholder Name (as shown on card):   |
| Card Number:  |
| Security Card:  |
| Expiration Date (mm/yy):  |
| Cardholder ZIP Code (from credit card billing address):   |

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to a file for future transactions on my account.

\_\_\_\_\_

\_\_\_\_\_

(Customer Signature)

(Date)