CREDIT CARD AUTHORIZATION

| CLIENT NAME: | | | | |
|---------------------------------|---------------------|------------------------|---------------------|--------------|
| CLIENT DATE OF BIRTH: | | | | |
| If Financially Responsible Par | ty Is Not the Clier | nt, Please Provide the | e Following: | |
| Responsible Party's Name | | | | |
| Responsible Party's Name | First | Middle | Last | |
| Relationship to Client | | | | |
| Billing Address | | | | |
| | Street, | City, State & Zip | | |
| Mobile Phone: | | | | |
| I HEREBY GIVE CONSENT | FOR THE FOLL | OWING CREDIT/D | EBIT CARD TO E | BE |
| MAINTAINED ON FILE FOI | R CHARGES INC | CURRED AT WILSO | ON COUNSELING | 3 . |
| Name as it appears on Credit C | Card: | | | |
| Credit Card #: | | | | |
| Security Code: | | | | |
| Expiration Date:/ | | | | |
| Billing Zip Code: | | | | |
| By signing below, I give Wilse | on Counseling per | mission to charge m | v credit/debit card | for incurred |
| therapy fees. I understand I m | | _ | - | |
| for revocation to Wilson Coun | _ | - | | _ |
| related charges is automaticall | • | | - | |
| I request receipt for payments | run on my card be | sent to the following | g | |
| Via text to: | | | | |
| Via email to: | | | | |
| | | | | |
| Signature | | Date | | |