



## Credit Card Authorization on File

Client's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Type (please circle): VISA MasterCard Discover AmExpress

Expiration Date: \_\_\_\_\_

Security Code (3-digit code on back): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize **Tanya Younce, M.Ed., LPCC** to charge the above credit card account for payments owed to my account for services rendered at her office or for administrative fees, such as late cancellation charges. I agree to update any information regarding this account. The above information is complete and correct, to the best of my knowledge.

Cardholder Signature: \_\_\_\_\_