SAFE HARBOR COUNSELING
PARTNERS IN HOPE. SOLUTIONS FOR LIFE.

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CREDIT/DEBIT CARD AUTHORIZATION FORM

Client Name: _____

Name on Card: _____

Cardholder's Phone Number: _____

Type of Card: (only MC or VISA)
Credit Card _____
Debit Card _____
Flex Spending/HSA Card _____

Credit Card Number: _____

Expiration Date: _____

Counselor: _____

Date of Service:

Charge Amount:

I, _____, authorize Safe Harbor Counseling to bill my credit card for the amount indicated above and/or for any ongoing balances on my account.