DESERT STREAMS Christian Counseling

CREDIT CARD AUTHORIZATION

Client Name (print) ACNT# (Office Use)

Cardholder Name

Card# Exp. Date CVC

Address (Street,City,State,Zip) Associated with Card

Choose Amount:

- ☐ Charge amounts due.
- ☐ Charge up to $_____

Choose Frequency:

- ☐ Monthly
- ☐ Every Other Friday
- ☐ Every Friday
- ☐ Friday after balance appears.

I authorize Desert Streams to automatically process the payments as indicated above. I understand that if my balance exceeds $300 my appointments may be temporarily suspended until the balance owed is brought below this amount. I understand that I may suspend automatic payments at any time by notifying Desert Streams in writing.

Client / Guardian Signature Date