



COLLINS COUNSELING & ASSOCIATES

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Credit Card Authorization Form

Name: _____ Date: _____

I authorize Collins Counseling & Associates to charge my credit card in the amount of:

_____ for each counseling session.

I understand it is my responsibility to keep an updated copy of my credit card information on file. If my credit card is declined for any reason, I am responsible for immediate payment of the full balance by cash or check.

Client Signature Date

Name as it appears on Card: _____

Mastercard Visa Credit Card #: _____

CCV: _____ Expiration Date: _____

Billing Address:
