

Ventura Community Counseling

260 Maple Court, Suite 228
Ventura, CA 93003
805-791-9700

Credit Card Payment Authorization Form

Sign and complete this form to authorize **Ventura Community Counseling** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Ventura Community Counseling** to charge my
credit card (full name)

account indicated below for _____ on _____. This payment is for
(amount) (date)

(description of goods/services)

I also provide authorization for **Ventura Community Counseling** to keep my card on file and charge my card accordingly when services are provided to me in the future.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Cardholder Email Address _____

Account Number _____

Expiration Date _____

CVV Code _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.