



Credit Card Payment Blanket Authorization Form

Sign and complete this form to authorize Wellspring Counseling Center of Greater Lafayette to make a 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 gives permission to receive the payment for services, and does not provide authorization for any additional or unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Wellspring Counseling Center of
(full name)

Greater Lafayette to charge my credit card after each session to the account below for

_____ on or after _____ .
(amount per session) (date of first session)

Billing Address _____

Phone _____ Email _____

Account Type	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> HSA
Cardholder Name	_____				
Account Number	_____				
Expiration Date	_____		3-Digit Security	_____	

Client Signature _____ Date _____

Signature of Cardholder if Different than Client _____

I authorize the above named business to charge the credit card indicated in the authorization form according to the terms outlined above. This payment authorization is for goods and services described above, for the amount indicated above only, and is valid for payment of services. 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.