



I authorize Harmony Harbor Counseling to charge for counseling services as appropriate by using the Credit Card below. This provides a credit card guarantee for payment of services on an auto-bill basis after services have been rendered.

Name of Client: _____

Name of Cardholder (as shown on card and if different from Client Name): _____

Billing Address: _____

ZIP CODE: _____

Credit Card: AMEX VISA MC Discover Other

Card Number: _____

Expiration Date: _____

CID Number (on front or back of card): _____

SIGNATURE: _____ **DATE:** _____