LOCC Credit Card Authorization

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Lake Orion

Counseling Center my authorization to use my credit/debit card information to

cover costs of my sessions with my therapist. I understand I can revoke this

permission at any time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature Date

Card Type (ie. Visa, MasterCard, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 Digit Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_