

Hélène Bélanger

Licensed Clinical Professional Counselor

Credit Card Authorization

Please complete all fields. You may cancel this authorization at any time by contacting me. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card):			
Card Number:			
Expiration Date (mm/yy):			
3 Digit Security Code:			
Cardholder ZIP Code (from credit card billing address):			

I, _____, authorize Helene Belanger or her billing agency to charge my credit card above for agreed upon services. I understand that my information will be saved to a secure file for future transactions on my account.

Client Signature

Date

Client Printed Name