

Restoration Counseling Services
18657 State Hwy 305; Suite 3, Poulsbo WA 98370
(360) 779-7921

Credit Card Authorization Form

Check one

Ongoing authorization One-time authorization

Payer Information (Please print)

Name of person authorizing payment:		
Address:		
City:	State:	Zip:

Credit Card Account Information (Please print)

Cardholder Name (exactly as it appears on the credit card)			
Credit Card Billing Address			
City:	State:	Zip:	
Credit Card Type (please circle one)	<input type="checkbox"/> Visa – <input type="checkbox"/> Mastercard – <input type="checkbox"/> Discover – <input type="checkbox"/> American Express		
Credit Card Number			
Expiration Date (MM/YY)	VID Code	Phone #	
Cardholder e-mail address (for payment confirmation)			

Payment Authorization

<p>By completing and executing this form, the cardholder acknowledges and agrees that Restoration Counseling is authorized as of the authorization date set forth below and subject to the terms and conditions set forth below, to charge the credit card, debt card, charge card or other payment card (each referred hereafter as "credit card"), specified above for amounts billed to the accountholder or the cardholder specified above for services rendered</p> <p>Restoration Counseling Services will send the account holder an invoice for services rendered. The credit card will be charged the amount specified in the invoice. The accountholder/cardholder should ensure such charge will not cause the credit card account to exceed any established credit limits or available balances as of the date of the charge. Cardholder acknowledges that they will continue to be liable for any such rejected or any unpaid charges, including all penalties. Cardholder further authorizes Restoration Counseling to charge any prior overpayment or underpayment of any invoice or any other charge or credit effected under this or prior authorization(s). Restoration Counseling and the cardholder further acknowledge that if this authorization is for recurring charges, then the cardholder will be informed of any variances in the recurring amount. Each charge will appear as a payment on the next invoice sent to the accountholder/cardholder after the charge date. Recurring charges will begin with the first invoice sent after this form is processed.</p> <p>To update/cancel the above credit card information, please execute this form and check "update information" or "cancel authorization" and return it to Restoration Counseling Services. This form shall remain in effect until Restoration Counseling Services receives a new form requesting an update or cancellation, and Restoration Counseling Services has had enough time to clear any arrears and act on the authorization. Cardholder will continue to be liable for any invoices due and pending as of such termination. Cardholder is responsible fro informing Restoration Counseling Services of any changes in the above information.</p>
Signature of Cardholder:
Authorization Date: