



Credit Card Authorization Form

I _____ (name of card owner) authorize Renewed Freedom Center to charge my credit card on behalf of _____ (name of patient), for all therapy sessions. In addition, I authorize Renewed Freedom Center to charge my credit card for cancellation of sessions not honoring the 24 hour cancellation policy as well as missed sessions and I guarantee payment for any services rendered made with my credit card.

Authorized signature of cardholder

Date

Printed name of cardholder

Card Type: Discover
 Mastercard
 Visa

Card Number: _____

Expiration Date: _____

Security Code: _____

Name as It appears on card: _____

Address (where credit card bills are sent):

