



### Credit Card Authorization Policy

**We require a credit card to be kept on-file. This card will be charged on the first of each month to pay your account balance in full. Statements are also delivered monthly to your mailing address on file.**

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): _____
CVS# (security code on back of card): _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_ authorize Victress, A Wellness Center for Women to charge my credit card above for counseling fees, co-pays, deductibles, missed appointments and other fees not covered by my insurance. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date