



Summit
CENTER

*Helping children, adolescents & families
realize their potentials*

CREDIT CARD CHARGE AUTHORIZATION

I, _____, hereby authorize Summit Center to charge the following credit card on a per session/per service basis. I understand that this authorization may be revoked at any time.

Name (as it appears on card): _____

Address _____

Client's Name _____

Credit Card Number: _____

Expiration Date: _____ V-Code: _____ Billing Zip Code: _____

Type of Card: Visa Mastercard American Express

Please email me a monthly invoice. I understand that the invoice will contain protected health information.

Printed Name: _____ Signature: _____