



Rogue River
COUNSELING

Credit Card Authorization Form

Client Name _____

Cardholder Name (If Different) _____

Cardholder Address: _____

City: _____ ST: _____

Zip: _____

Credit Card Info:

Type: Visa MasterCard American Express Discover

Card Number: _____ Expiration: _____ QVVC _____

Signature: _____ Date: _____

The above signed agrees to allow Rogue River Counseling to charge the above credit card for scheduled appointments attended by the client. It is also agreed that charges will occur if an appointment has been missed or canceled within a 48 hour period prior to the scheduled appointment. Please contact Rogue River Counseling with any questions.