



Campbell Teen & Family Therapy

Credit Card Info & Authorization

Name on Card	
Credit Card #	
Expiration date	
3 digit code (on back of card)	
Zip code	
Fee amount:	

I authorize Campbell Teen & Family Therapy. ("CTFT") to charge the credit card listed above for all future outstanding balances for services provided by CTFT. This information will remain on file and in effect until CTFT receives written notice to change or cancel the payment method.

Any outstanding balances are due immediately if the credit card listed above is cancelled or has insufficient funds to cover the charges. Any charges that are thirty (30) days or more, may be assessed a late fee.

Authorized Signature

Date

Printed Name

CTFT 2018