

Credit Card Authorization Form

Please complete all fields below. You may cancel this authorization at any time by contacting me. This authorization will remain in effect until cancelled.

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: _____
CVV (the 3-digits on the back): _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Pitts & Associates (Homewood Therapy) to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Signature _____ Date _____