



Credit Card Authorization

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

Credit Card Information

Card Type ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX

☐ Other

Cardholder Name (as shown on card):

Card Number:

Expiration Date (mm/yy): _____ CVV: _____

Cardholder ZIP Code (from credit card billing address): _____

I _____ authorize Florida Counseling **Network** to charge my credit card above for agreed upon purchases (Copay). I understand that my information will be saved to file for future transactions on my account.

Customer Signature _____ Date _____