



Credit Card Authorization Form

CARD #: _____

Name on card: _____

Expiration date: _____ CVC: _____

(3-digit # on back of card
or 4 on front of Amex)

Billing zip code: _____

Cell # or
email address: _____

(if you'd like a text or email receipt)

Signing this form authorizes North Star Counseling Services, LLC
to charge your credit card for co-payments, co-insurance,
deductibles, sessions, and late cancel fees.

Signature: _____

Date: _____