



Credit Card Authorization Form

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$_____ (USD) one time/per session

I authorize Logical Behavioral Health to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for the service(s) in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign, and Date Below:

Signed: _____

Dated: _____

Name: _____