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Credit Card Authorization Form:

Client's Name

_____ Visa _____ Mastercard (check one)

Card Number

_____ Three Digits _____

Expiration Date

Full Name as it appears on the card

I hereby authorize Trinity Counseling Services LLC to charge my credit card.

Amount: _____

Signature

Date

Note: This information is NOT held on file. Once your payment is complete all credit card records are destroyed for your protection and security