



377 Keahole St. E211-d, Honolulu, HI 96825 (808)343-0093

## Credit Card Authorization

Xplor Counseling provides secured methods of accepting your payment at the time of service and for keeping your credit card on file.

I, (Card Holder) \_\_\_\_\_, authorize Xplor Counseling to maintain my credit card information and signature on file for charges, including copayments, deductibles, or coinsurance responsibilities, late cancellation fee charges as determined, and any outstanding balances for services unpaid after sixty (60) days.

Client Name: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Type of Credit Card: Mastercard    Visa    American Express    Other: \_\_\_\_\_

Credit Card #: \_\_\_\_\_    Billing Zip Code: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_    Security Code: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_