



Payment Authorization Form – Credit Card

Name on Card _____

Card Number _____

Card Expiration Month _____ Year _____ Security Code _____

Billing Address Line 1: _____

Billing Address Line 2: _____

Billing City _____ Billing State _____ Billing Zip _____

Acknowledgement

I hereby authorize Kairos Counseling Center to utilize my payment methods on file for any balances, including late cancellation and no-show fees, without additional authorization.

Signature _____

Print Name _____