



# the Coastal Center

## **Credit Card Authorization Form**

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Cardholder Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

I hereby authorize The Coastal Center to charge current and future fees for services for my child and/or family. I understand that if my account has an outstanding balance, it can be charged.

This credit card authorization will be valid through December 31, 20\_\_ at which point this sheet will be shredded.

Card Type:       Visa       MasterCard       Discover       AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      CSV Code\*: \_\_\_\_\_  
*(3-4 digit security code on front or back of card)*

Name On Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_