



Rudden Counseling Services
PO BOX 11652 Denver CO 80211-0652
valerie@ruddencounselingservices.com

Credit Card Authorization Form

Client Name _____

Credit Card Type (Circle One): MasterCard Visa Discover American Express

Credit Card Number _____

Expiration Date _____

CCV _____

Credit Card Holder's Name as it Appears on Card _____

Billing Address _____

City: State: Zip _____

Card Holder Phone Number:

On _____ (insert today's date) I authorize Rudden Counseling Services, LLC to initiate any outstanding charges to the credit/debit card indicated above after each visit. I understand I will only be charged for completed appointments and any late cancellation fees when an appointment is cancelled with less than 48 hours' notice.

I understand that I may cancel my charge upon written notice to Rudden Counseling Services, valerie@ruddencounselingservices.com, PO Box 11652, Denver, CO 80221

If you have any questions about this transaction or if the credit card indicated above is lost or stolen, I agree to notify Rudden Counseling Services, LLC at once by calling RCS at 303-482-6687 or via email.

Card Holder Signature _____ Date _____