

Rosalino Counseling Services
383 W. Fountain Street
Providence, RI 02903

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize **Rosalino Counseling Services** to charge my credit card above for agreed upon services. I understand that my information will be saved to file for future transactions on my account (including, but not limited to, copays, deductibles, no-show fees, etc.).

Customer Signature

Date