



# CENTRAL

Biblical Teaching | Passionate Worship | Authentic Ministry

## Credit Card Authorization Form

I, \_\_\_\_\_, authorize Central Baptist Church to charge my credit card for counseling sessions at a rate of \$75 per session. In addition, **I authorize Central Baptist Church to charge my credit card \$20 for any cancelations made with less than 24 hours notification, and \$75 for any missed sessions.** I guarantee payment for any services rendered made with my credit card, including renewed cards.

Printed Name of Cardholder as it appears on Card: \_\_\_\_\_

Card Type: American Express  
Master Card  
Visa  
Discover  
Other \_\_\_\_\_

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

Expiration Date (mm/yy): \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Cardholder

\_\_\_\_\_  
Date

### CENTRAL BAPTIST CHURCH

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