

# Samaritan Counseling Center Hawaii

## CREDIT CARD AUTHORIZATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP CODE \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL : \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

(MASTERCARD OR VISA ONLY)

EXPIRATION DATE: \_\_\_\_\_(MM/YY) CCV# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PURPOSE:  One-time co-pay  
 Recurring co-pay – keep on file  
 Donation