

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