

**CREDIT CARD AUTHORIZATION**

Adult Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name:

Child’s Name:

Address:

Daytime Phone: Email address:

Cell Phone: Evening Phone:

I give permission for The Bridge Family Center to charge my credit card for Bridge services.

Name as it appears on the card:

**PLEASE NOTE THAT CHARGES TO YOUR ACCOUNT FOR RECURRING CREDIT CARD TRANSACTIONS MAY OCCUR AT ANY TIME ON THE DESIGNATED PAYMENT DATE(S).**

**If the credit card is declined, a $25 fee maybe charged. Contact us with an alternate payment option.**

**Print Name**

**Signature Date:**