



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: _____