

Credit Card on File Authorization

**Center for Revolutionary Relationships LLC, 3200 W Market St., Ste 101
Fairlawn, OH 44333**

Please complete this form if you would like Center for Revolutionary Relationships to keep your credit card on file for future payments.

Card Holder Name: _____

Client Name: _____

Card Type: Visa MasterCard Discover Am Express (HSA)

Card Number _____

Amount: _____

Expiration Date: _____ **Security Code:** _____ **Zip Code:** _____

I, _____ authorize Center for Revolutionary Relationships to charge my credit card for all services and charges (i.e. late cancellation fee or NC/NS fee) received at Center for Revolutionary Relationships.

Repetitive withdrawal: Please charge the card listed above for the amount due to Center for Revolutionary Relationships. _____ (Initial)

***If there are any changes to my insurance coverage or credit card information, I will notify the office immediately.**

Signature of Cardholder

Date