

**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 the Center for Revolutionary Relationships to keep your credit card on file for future payments. A 2.65% credit card processing fee will be added to each transaction.**

**Card Holder Name:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Card Type:** Visa   MasterCard   Discover   Am Express   (HSA)

**Card Number** \_\_\_\_\_

**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.**

**Email address for receipt**

\_\_\_\_\_

**Signature of Cardholder**\_\_\_\_\_

\_\_\_\_\_

**Date** \_\_\_\_\_