



Request to Charge Credit Card

I, _____, hereby authorize Lighthouse Counseling Services, LLC to keep the following credit card information on file to be used in ways spelled out below.

Credit Card Information:

Card Type: Visa _____ Mastercard _____ American Express _____ Discover _____

Card Number: _____

Expiration Date: _____ Security Code #: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder's Signature: _____

I hereby authorize Lighthouse Counseling Services to debit the above referenced credit card for the amount of my co-payment when it becomes known (recurring).

Signature: _____

Date: _____

I hereby authorize Lighthouse Counseling Services to debit the above referenced credit card for a one time amount of \$_____ to have applied to my current balance due.

Signature: _____

Date: _____