The Centers for Behavior Intervention

Mokena | Fox Valley | Illinois Valley

Credit Card Authorization Form

Client Name: _____

Billing Address: _____ Phone Number: _____

City/State/Zip: _____ Email Address: _____

Credit Card Information:

Cardholder Name (as it appears on the card): _____

Card Type (please circle): **Visa** **Master Card** **American Express** **Discover**

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

☐ ***Single Payment (check box for a one time payment)***

Amount Authorized: $_____

Date Authorized: _____

☐ ***Recurring Payments (check box for ongoing payments)***

I, _____ authorize The Centers for Behavior Intervention, Inc. to charge my credit card
(Cardholder's name)

indicated above $_____ on a ***WEEKLY*** ***BI-WEEKLY*** ***MONTHLY*** basis
(payment amount) *(please circle frequency)*

beginning on _____ and ending on _____ or until my balance is paid in full.
(start date) *(end date)*

I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify CBI in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Cardholder's Signature: _____ Date: _____