

Metropolitan Counseling Associates, LLC

4963 Elm St., Suite 106

Bethesda, MD 20814

(301) 654-7770

Tax ID # 20-2833850

AUTHORIZATION FOR CREDIT CARD USE

Please read Option #s 1 & 2. Sign and date below the option that you chose.

Option # 1:

I authorize Metropolitan Counseling Associates, LLC to use the credit card information that I supply below to manually charge my credit card for services provided through Metropolitan Counseling Associates, LLC to me and/or my child. I understand and accept that my credit card will be charged at the completion of any services rendered.

Signature

Date

Option #2:

I authorize Metropolitan Counseling Associates, LLC to use the credit card information that I supply below to manually charge my credit card for services provided through Metropolitan Counseling Associates, LLC to me and/or my child ONLY IF AND WHEN MY PAYMENT BALANCE BECOMES PAST DUE per the contract that I have signed.

Signature

Date

Please provide all of the information requested below:

Credit Card Type (Visa or Mastercard only)

Credit Card Number

Three-Digit Security Code

Credit Card Holder's Name
As it Appears on the Card

Street Address Where Card Holder
Receives the Credit Card Bill

5-Digit Zip Code
Where Credit Card Bill is Received

Date Credit Card Expires