



Christian Counseling Associates
A MINISTRY OF CORNERSTONE LODGE, INC.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by providing contacting us in writing. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: MasterCard VISA Discover
 AMEX Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

CVV #: _____

Cardholder ZIP Code (credit card billing address): _____

I, _____, authorize Christian Counseling Associates

to charge my credit card above for agreed upon amount. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date