



4804 – A & B, Lacey Blvd. SE Lacey, WA 98503
Phone: 360-799-5782 ~ Fax 360-539-171

831 12th Avenue Longview, WA 98632
Phone: 360-799-4556 ~ Fax : 360-846-1722

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card for Visa Card)

Card Identification Number: _____ (4 numbers in front of the card for American Express)

I authorize **Pathways MHS** to charge the amount per session to the credit card provided herein. I agree to pay for this purchase/services in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____