



Families First Therapy, LLC

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Credit Card Authorization form

Date: Name as it appears on Credit Card:

Billing Address:

City: State/Province: Zip:

Country: Email: Phone:

Credit Card Type: VISA MasterCard American Express Discover

Credit Card Number:

Exp. Date: CVV #:

Select One:

- One-time charge only
- Authorize Families First Therapy, LLC to keep on file for future approved payments*
- Authorize Families First Therapy, LLC to keep on file and charge all future invoices **

Signature:

Please return the completed and signed form in person, by mail (PO BOX 35937 Albuquerque, NM 87176) or by email steve@familiesfirsttherapy.org.

Any information sent via E-Mail is not secure and is being transmitted at the sender's own risk.

Terms and Conditions:

*By accepting these terms, you authorize Families First Therapy, LLC to charge the credit card indicated above to be charged automatically for future orders placed by you.

**By accepting these terms, you authorize Families First Therapy, LLC to charge the credit card indicated above to be charged automatically for the current and future orders placed by you.

- The credit card may also be retained for ongoing recurring payments, which have been previously approved by you for the length of the recurring payment schedule (e.g. monthly or yearly subscriptions).
- It is your responsibility to inform Families First Therapy, LLC of any changes to the billing address, expiration date and / or changes to the card holder's name and account information.