



## Mozes & Helen Stern Counseling Center

### Card on File: Authorization Form

**Information to be completed by cardholder:**

The undersigned agrees and authorizes Madraigos Midwest to save the credit card indicated below on file. The use of this form is optional and for your convenience.

Patient's Name: \_\_\_\_\_

Name as it Appears  
on the Credit Card: \_\_\_\_\_

Type of Credit Card:  MasterCard  Visa  Discover  Amex

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3 Digit Code \_\_\_\_\_

**I authorize Madraigos Midwest to process the above credit card as "Card on File". I understand this authorization will remain in effect until the expiration of the credit card account. Client may also revoke this form by submitting a written request to Madraigos Midwest.**

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date