



740 East 52nd Street, Suite 9  
Indianapolis, IN 46205  
317-455-LMHC

### Credit Card Authorization Form

Name on the Card: \_\_\_\_\_

Type of Card: Visa  MC  AmEx  Discover

Other  \_\_\_\_\_

Account Number \_\_\_\_\_

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

Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**By signing this form, you authorize** Brooke-Randolph, LLC  
**to charge your card for services rendered for the duration of one year.**

Signed: \_\_\_\_\_

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

Licensed Mental Health Counselor