

# THE BREAKING GROUND

**Crossroads Counseling Center**  
Visit [thebreakingground.com](http://thebreakingground.com) for resources & scheduling

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us at [billing@thebreakingground.com](mailto:billing@thebreakingground.com). This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	CVV Code: _____
Cardholder Billing Address: _____ _____	
Cardholder Email (for receipt): _____	

I, \_\_\_\_\_ authorize Crossroads Counseling to charge my credit card above for agreed upon purchases. I understand that there is a \$2 processing fee, and that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: We are unable to accept health savings account (HSA) cards as a form of payment.