

Cynthia J. Haakana LLC  
4500 Park Glen Road  
Suite 155  
St. Louis Park MN. 55416-4888  
612 460 5160

## Authorization for credit card

### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting me. This authorization will remain in effect until cancelled. Credit Card Information Card Type:

☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX

☐ Other \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

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

Expiration Date (mm/yy): \_\_\_\_\_

CVV code \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize Cynthia J. Haakana, LLC  
to charge my credit card for counseling services and charges.

I understand that my information will be saved to file for future transactions on my account.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_