



Westbrook Youth and Family Services, Inc.

AUTHORIZATION TO CHARGE CREDIT CARD

I authorize Westbrook Youth and Family Services to charge the following credit card information

Credit card #

Expiration Date

Sec Code

Billing zip code

For the amount of \$ _____

(check one)

For the date of service ____/____/____

To keep on file to pay future invoices

Name as it appears on the card: _____

Signature: _____

Client Name (if different from name on card) : _____

Date: _____

This authorization can be removed at any time by calling WYFS at 860-399-9239

For security, this document is stored on our electronic records which limits accessibility to administrative and clinical personnel. The paper copy will be shredded.