

FAMILY RESOURCES ASSOCIATES, INC.

1315 West Main Street
Watertown, WI 53094
(920) 261-4100

Fax (920) 261-8801
www.familyresourcesinc.com

331 North Main Street
Lake Mills, WI 53551
(920) 648-3896

Pre-Authorization for Credit Card Charges

I, the undersigned hereby permit Family Resources Associates, Inc. to charge the credit card identified below when there is a balance on account number(s) _____.
(For Office Use)

I understand that this authorization will be valid for three (3) years unless I cancel it through written notice. I also understand that I have the right to revoke this authorization at any time through written notice.

By signing this authorization I also verify that I am the legal owner/co-owner of the credit card account indicated below, and thus have the authority to authorize these charges.

Client Name: _____ Account Number (For Office Use) _____

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(The above line is to be used only if more than one client's bill is to be paid with this credit card account.)

Responsible Party: _____

Cardholder Name (Exactly as it appears on Card): _____

Cardholder Billing Address: _____

Credit Card Account Number: _____ Expiration Date: _____

Cardholder Signature: _____ Date: _____