



KInCove

### Credit Card Payment Authorization Form

I, \_\_\_\_\_, authorize AXISIS Inc., to charge my credit card for Supervised Visitations. I acknowledge that my card will be kept on file and charged prior to each scheduled visit.

Please Print

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please bill my: VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_

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

Expiry Date: \_\_\_\_\_ Security Code : \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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