



## CLIENT MONEY Credit Card Authorization

CASA Recovery allows you to give clients spending money by credit card. There is a \$5 transaction fee for each credit card charge to cover our costs. The transaction will appear on your credit card statement as CASA Recovery Inc. Fax this signed form back to us in the Intake Department at (949) 284-0574.

Simply fill out the form below and return it with the following:

1. A photocopy of your credit card
2. A photocopy of your drivers license or ID card

Name of Client: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Amount to charge for client spending money:

\_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

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

Email Address (to send receipt): \_\_\_\_\_

Please indicate you understand the following and sign below:

\_\_\_\_\_ I authorize CASA Recovery to charge my credit card in the amount of \$\_\_\_\_\_. I understand that there is a \$5.00 transaction fee to cover the costs of providing this service. I acknowledge that this authorization permits CASA Recovery to charge my credit card immediately for the amount above.

\_\_\_\_\_ **I further understand and agree that this transaction is not refundable for any reason including, without limitation, the cancellation of services by me or the client or for the failure of services to produce any specific results with respect to the client. Any leftover client funds will be returned to the client when exiting the program or as agreed in their exit plan.** Therefore, I agree that I will not dispute this charge with my card issuer for any reason, and that this signed statement will be considered final and conclusive authorization for my card issuer to seek payment solely from me for this charge. Furthermore, I recognize and agree that CASA Recovery, Inc. may pursue all available legal remedies directly against the client in the event that I fail to fulfill my payment obligations stated herein.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Administrative Use Approved: \_\_\_\_\_ Entered: \_\_\_\_\_