

# INSIGHTS *in Recovery*

SUBSTANCE ABUSE ASSESSMENT • REFERRAL • TREATMENT

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## Credit Card Authorization Form:



\_\_\_\_\_  
**Client's Name**

\_\_\_\_\_ **Visa** \_\_\_\_\_ **Mastercard** (check one)

\_\_\_\_\_  
**Card Number**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**Full Name as it appears on the card**

**I hereby authorize Insights in Recovery to charge my credit card.**

**Amount:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Note: This information is NOT held on file. Once your payment is complete all credit card records are destroyed for your protection and security**