



Authorization to Make Phone Charge Card Payments

I, _____, authorize ALTO Counseling (Encompass CS) to accept fee payments made to the listed charge card below. I understand that I am the only person who is authorized to make payments over the phone and only with the cards identified below.

Card Holder

Client

- VISA XXXXXXXX _____ (last 4 #s only)

Expiration Date: _____

Zip Code: _____

- MASTER CARD XXXXXXXX _____ (last 4 #s only)

Expiration Date: _____

Zip Code: _____

Card Holder

Date

Alto Staff

Date

ALTO Counseling Center is a component of the Encompass Community Services
A private, non-profit, tax exempt corporation

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