



Credit Card Authorization Form

I, _____, hereby authorize Therapeutic Life Counseling, PC, to charge my credit card for services rendered. I understand that all services are final, and that I am solely responsible for charges incurred.

Please initial all that apply:

_____ Please charge my credit card on a one-time basis for psychotherapy or consultation in the amount of \$ _____, which represents my fee.

_____ Please charge my credit card in the amount of \$ _____ for previous balance owed.

_____ Please charge my credit card in the amount of \$ _____ per session on an ongoing basis at the time of each session. A receipt will be emailed/mailed/texted to me.

Type of Credit Card: (Circle one:) Visa MasterCard American Express Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____ 3 or 4-digit Security Code: _____

Billing Address: _____

Signature: _____ Date: _____