

CREDIT CARD PRE-AUTHORIZATION

For Use By Richmond St. Counseling Center

I authorize _____,
(Provider Name)
to keep my signature on file and to charge my account for:

Payment of my session in the amount established by my provider _____
(Amount)

- For a No-Show or missed session without a 24 hour cancellation notice.
- For a phone session.
- For past due sessions.

I understand that my card will be charged only in the event that I fail to provide payment in full at the time of my session. I will be notified, verbally, by my provider that the missed session or the past due session payment will be applied to my credit card.

I also understand that if I want to use my credit card for my session (s) that I will make a payment at the end of the session I will be attending using the physical credit card.

I agree that this form is valid for the length of therapy and authorization for the use of this card will be canceled at the termination of therapy.

Client's Name: _____

Card Holder's Name: _____

Card Holder's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Visa Master Card American Express

Acct. # _____ CSC# _____
(3-digit # on back of card)

Signature: _____ Exp. Date: ____/____/____