

Authorization for Credit Card Transaction

Creative Life Counseling Services, PC kindly requests to retain a credit card to reserve appointments and to ensure payment in the event reimbursement is not made by an insurance company or otherwise. Thank you for your understanding and consideration.

I authorize Creative Life Counseling Services, PC to charge the following credit card for payment for services rendered or missed appointments that are not cancelled or rescheduled with a minimum of 24 hours notice. Outstanding balances may be charged via this credit card unless other payment arrangements have been made.

Circle one:    Visa                    MasterCard

---

Credit card number

---

Expiration Date

---

CV2 Code (3 digit security code on back of card)

---

Name as it appears on credit card

---

Address and Zip code on billing statement

---

Phone

---

Email

---

Signature of Client

---

Date