

Christian Life Counseling Payment Authorization Form

25602 ½ Oakhurst Dr. Spring, TX 77386

Authorization for Recurring Credit Card Charges

For your convenience, you may authorize recurring charges to your credit card to pay for your therapy sessions. A credit card should be placed on file at the time of your intake. You will be charged the day of your therapy appointment.

Name of Client:

Account Type: ___ Visa ___ MasterCard ___ American Express (AmEx) ___ Discover _____
_____ Health Savings

Cardholder Name _____

Account Number _____

Expiration Date ____/____/ Billing Zip Code _____

CVV (3-digit number on back of Visa, MasterCard, or Discover; 4 digits on front of AmEx) _____

I hereby authorize Carlos Calderon, MA, LPC-S, CART, CGT to charge this credit card for professional services and associated charges as agreed below.

These charges may include the following:

- 1) 50-55 minute counseling session: _____
- 2) Charge for cancellation without 24 hours' notice: _____
- 3) Charge for not showing for scheduled appointment: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify this practice in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

I also understand that, in the case of a dispute with a billing/credit card entity, my therapist has my consent to use whatever information provided in order to resolve such dispute or matter.

Printed Name of Authorized Credit Card User:

_____ Date: _____

Signature of Authorized Card User:

_____ Date: _____