

**Christian Life Counseling Payment Authorization Form**

**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-minute counseling session: \$180 for Individuals and \$185 for couples/marriage.
- 2) 25-minute counseling session: \$90
- 3) Charge for cancellation without 24 hour's notice: \$150
- 4) Charge for not showing for scheduled appointment: \$150

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: \_\_\_\_\_