



### Credit Card Authorization Form

Your therapy minutes are important to me! I ask my clients to fill out this credit card authorization form in the event you do not have a form of payment with you. Please note that any missed appointments or late cancellations will be billed to this card. Thanks.

#### CARDHOLDER INFORMATION

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

Discover       MasterCard       Visa       American Express

CREDIT CARD NUMBER:

□□□□ — □□□□ — □□□□ — □□□□

EXP. DATE

□□ / □□□□

SECURITY CODE:

□□□□

3 DIGITS (4 IF USING AM EX)

ZIP CODE OF BILLING ADDRESS:

□□□□□

EMAIL ADDRESS TO SEND RECEIPTS: \_\_\_\_\_

I authorize Cary Scott DBA Cary Scott Counseling to charge this card for payment of my sessions. I understand my card will not be charged for any other services or products without my prior consent. Missed appointment fees with less than 24 hours notice may be charged.

Signature

Date

\_\_\_\_\_

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