

Credit Card Authorization

Please debit my credit card in the amount of: _____ for professional services rendered at each session. I understand that this amount will be debited as long as our counseling relationship continues (unless I notify you to stop or modify this arrangement).

MC/Visa/Discover Card Number: _____

Expiration Date: _____ Security Code: _____

Your exact name on the card: _____

Your exact billing address: _____

Phone Number: _____

Email address: _____

Your signature: _____

Date: _____