

## Credit Card Authorization Form\*

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

| Credit Card Information  |
|--|
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX<br><input type="checkbox"/> Other _____ |
| Cardholder Name (as shown on card): _____  |
| Card Number: <u>On Filed with Square Point of Sale</u> _____   |
| Expiration Date (mm/yy): _____   |
| CVV # _____  |
| Cardholder ZIP Code (from credit card billing address): _____  |

I, \_\_\_\_\_, authorize Michelle Langstraat to charge my credit card above for agreed upon counseling services and no show fee. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\*Card will be charged for sessions and for No Show appointments.