



## CREDIT CARD AUTHORIZATION

THIS FORM IS REQUIRED FOR ALL CLIENTS TO HAVE ON FILE

I hear by grant Andrea Johnson LPC permission to process credit/debit charges

Client Name/s: \_\_\_\_\_

My initials below:

Without my credit/debit card, I authorize Andrea Johnson LPC to use my credit/debit card number provided below to process charges/fees assigned to any named individual listed above.

I authorize Andrea Johnson LPC to be compensated for missed appointments of which the client/s named above did not show up for session or cancel session less than 24 hours before the time of the appointment. If no notice is given, the standard \$130.00 fee will be charged to you, regardless of whether you are a self-paying client or a client utilizing insurance benefits. If less than 24 hour notice is provided, a \$85.00 late cancellation fee will be charged to you, regardless of whether you are a self-paying client or a client utilizing insurance benefits. After two consecutive missed appointments without notification, your regular time slot will no longer be reserved.

Please complete all information below:

Type of Card (Circle)    Master Card    Visa    Discover    AmEx

Cardholder's Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date (month/year) \_\_\_\_\_

Credit Card Code (3 digit code on back of card) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_