



## Credit Card Authorization Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Corbella Counseling, PLLC to charge my credit card in the amount of:

\_\_\_\_\_ for each counseling session.

I understand it is my responsibility to keep an updated copy of my credit card information on file. If my credit card is declined for any reason, I am responsible for immediate payment of the full balance by cash or check.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Name as it appears on Card: \_\_\_\_\_

Mastercard    Visa   Credit Card #: \_\_\_\_\_

CCV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

\_\_\_\_\_