



Credit Card Authorization Form

Name: _____ Date: _____

I authorize Corbella Counseling, PLLC to charge my credit card in the amount of: \$105 for each 45-50 minute counseling session. Your therapist will give you a quote for longer sessions.

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: _____
