



Family Dynamics Counseling

Credit Card Authorization

Client's Name			
Name on Card			
Home Address		Zip Code	
Credit Card Type	Visa MasterCard American Express (Circle One)		
Credit Card #			
Expiration Date			
CVV #			
Email Address			

I agree that all information provided is accurate and complete. I also acknowledge services may be immediately terminated by the provider at any time if charges are declined or charge backs are claimed against any outstanding amount. Disputes to amounts should immediately be reported to my provider. Likewise changes in status of this card can also be reported.

I agree that the card provided may be billed for services rendered, as well as for cancellation fees and administrative fees incurred.

In addition, the undersigned below is the dully-authorized representative of the above cardholder.

Authorized Signature: _____ Date: _____

Family Dynamics Counseling Center
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