



### Credit Card Authorization Form

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

Payer Name (as it appears on card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**By signing below, I understand that unless explicitly otherwise stated:**

\_\_\_\_\_ My card will be charged for attended appointments

\_\_\_\_\_ My card will be charged, in full, for missed appointments not cancelled at least 24 hours in advance

\_\_\_\_\_ My credit card statement will reflect my having had appointments at Clear Horizons, which may possibly hinder confidentiality (e.g. It is obvious to an external payee if you are no longer attending therapy)

Signature of client: \_\_\_\_\_

Signature of payer (if different than client): \_\_\_\_\_

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