

Hope Alive Christian Counseling LLC.

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I authorize Hope Alive Christian Counseling, LLC.; Cecelia Johnson, PhD, LPC, BCPCC to charge to my credit card or debit card and to keep my signature on file, for all insurance payments paid directly to me that were due to this office, and for all missed appointments and for all balances. I understand that this form is valid unless I cancel the authorization through written notice to this office

Cardholder Number _____

Patient's Name: _____

Card Type: (Circle one)

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Account Number: _____

Expiration Date: _____ Card Verification Number _____

Card Holder Signature:

X _____ Date: _____