

***Peltier Family Counseling, LLC***

*Mariah Peltier, M.Ed., LPC*

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## **Credit Card Authorization Form**

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

Card Holder Name: (as it appears on card) \_\_\_\_\_

Billing address of card holder: \_\_\_\_\_

\_\_\_\_\_

Card Number: \_\_\_\_\_

Circle: Mastercard Visa American Express Discover

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

Security Code (on back of card) \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

*I authorize Mariah Peltier, LPC, to keep this signature on file and to charge my credit card as indicated below:*

\_\_\_\_\_ This visit only

\_\_\_\_\_ For the following period of time: \_\_\_\_\_

\_\_\_\_\_ Account Balance Payoff

Any additional instructions: \_\_\_\_\_

\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_