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Credit Card Authorization Form

Client Name: _____

Card Holder Name: (as it appears on card) _____

Billing address of card holder (including zip code): _____

Card Number: _____

Circle: Mastercard Visa Discover American Express

Expiration Date: _____

Security Code (on back of card) _____

I authorize Ann-Marie Bowen, LPC, to keep this signature on file and to charge my credit card for the fee for counseling services as indicated below:

_____ For the time I remain a client or the following period of time: _____

_____ One time charge in the amount of: _____

Any additional instructions: _____

I authorize Ann-Marie Bowen, LPC, to charge my credit card the full session fee for missed appointments or for appointments cancelled with less than 24 hour notice, except when determined by Ann-Marie Bowen to be an emergency.

Cardholder Signature: _____ Date: _____