

8105 Rasor Blvd., Ste 293 Plano, Texas 75024 214.620.54689

Authorization for Recurring Credit Card Charges

For your convenience, you may authorize recurring charges to your credit card to pay for your therapy sessions. You will be charged the day of your therapy appointment unless other arrangements have been made. The charge will be made under the name **Lifeway Counseling Center**, **PLLC**. You agree that no prior notification is necessary unless the amount billed each time exceeds **\$125.00**, in which case you will receive notification in advance.

Name of Client:	
Account Type: ☐ Visa ☐ MasterCard ☐ American Express,(AmEx)	□ Discover
Cardholder Name	
Account Number	
Expiration Date/	
CVV (3-digit number on back of Visa, MasterCard, or Discover; 4 digits on fi	ront of AmEx)
I hereby authorize Lifeway Counseling Center, PLLC to charge this credit card for professional services and associated charges as agreed below. These charges may include:	
Co-pay and/or co-insurance for session:	\$
Self-pay for session or payment for session not covered due to deductible	; \$
Charge for cancellation without 24 hours' notice (see % scale):	\$
Charge for not showing for scheduled appointment:	\$
Other charges [specify]:	\$
I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify this practice in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.	
Signature of Authorized Credit Card User:	
Date:	