

## Credit Card Authorization

Every client needs to have a credit card on file to cover co-pays. The charge for co-pays will be communicated to the client via email. After each session a text will be sent to the client informing that the credit card will be charged for that sessions co-pay.

I agree to having a credit card on file in order to have co-pays collected upon completion of each session

Signature \_\_\_\_\_ Date \_\_\_\_\_

CREDIT CARD (please mark one)	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD
ACCOUNT NUMBER:	_____	
EXP DATE: _____ / _____	3 DIGIT SECURITY NO: _____ (LOCATED ON THE BACK OF CARD)	
CARD HOLDER NAME:	_____	
	(Exactly as printed on card)	
BILLING ADDRESS:	_____	
	_____	
	_____	
PHONE: ( _____ ) _____ - _____	FAX: ( _____ ) _____ - _____	
SIGNATURE: _____	DATE: _____	