

CREDIT CARD AUTHORIZATION

Client Information

Client Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Cardholder Information:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Credit/Debit Card Information:

Please provide your payment information below.

Card Type (check one): Visa MasterCard

Card Number _____ Exp Date _____ V-Code _____

I authorize Debbi Molnar, LMFT, LPCC to charge my credit card for appointments and phone sessions as directed, as well as for late cancellations or missed appointments (appointments missed without 24 hour notice). Permission may be revoked at any time with written notice.

Signature _____ Date _____