**** Jill Ellingson, MA, LMFT

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**CREDIT CARD AUTHORIZATION FORM**

CLIENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME ON CARD IF DIFFERENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***In order to reduce costs, we ask that you provide us with the following information. Keep in mind that not all clients will have a balance at the end of therapy and you will be notified before any charges are made.***

I AUTHORIZE BRAVE SOUL COUNSELING SERVICES, LLC TO CHARGE MY CREDIT/DEBIT CARD FOR PROFESSIONAL SERVICES AS FOLLOWS:

*Initial*

* \_\_\_\_\_\_\_  Late cancellation and no show fees.
* \_\_\_\_\_\_\_  All sessions in the next 12 months (after each session).
* \_\_\_\_\_\_\_  The balance of my account after insurance has been billed.

CREDIT CARD NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CSC (3 or 4 digit security code on card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cardholder signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**