

## CREDIT CARD AUTHORIZATION FORM

Client Name \_\_\_\_\_

In order to reduce costs, please complete the following information. Not all clients will have a balance at the end of therapy. A receipt will be emailed to you if you provide an email below and indicate that you would like one.

Card Type ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex ☐ Other \_\_\_\_\_

Cardholder Name *(as shown on card)* \_\_\_\_\_

Card Number \_\_\_\_\_ CSC Code *(3 or 4 digit code on back of card)* \_\_\_\_\_

Expiration Date *(mm/yy)* \_\_\_\_\_ ZIP *(as it appears on billing statement)* \_\_\_\_\_

**I AUTHORIZE BRAVE SOUL COUNSELING SERVICES, LLC TO CHARGE MY CREDIT/DEBIT CARD FOR PROFESSIONAL SERVICES/FEE'S INITIALED BELOW. I UNDERSTAND THAT MY INFORMATION WILL BE SAVED TO FILE FOR FUTURE CHARGES TO MY ACCOUNT.**

Initial:

\_\_\_\_\_ Late cancellation and no show fees

\_\_\_\_\_ All session fees (after each session)

\_\_\_\_\_ The balance of my account (after insurance has been billed)

\_\_\_\_\_ Payment per agreed upon payment plan \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_