

Credit Card Authorization Form

I require clients to have a valid credit, debit, HSA, or FSA on file for authorized fees including session fees or copays. I will provide a receipt to the email address or text number you provide below.

If you are uncertain about insurance coverage, please make sure and call your insurance company to determine what your costs will be prior to your next appointment. All costs are the client's responsibility.

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Client Name: _____

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____ / CVV: _____	
Email: _____	Text Number: _____

I, _____, authorize **Brock Caffee, LCMFT, dba Family Strategies Counseling & Coaching** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date