

# Credit Card Authorization Form

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_

I authorize Melissa Vance Wilson, LPC to charge the agreed amount for therapy services to my credit card provided herein. I agree that I will pay for these purchases in accordance with the issuing bank cardholder agreement.

I understand that appointments not canceled within 24 business hours will be charged to this card at the stated rates in the therapist/client contract and that insurance cannot be billed for late cancellations or missed sessions.

Cardholder – Print Name, Sign and Date Below:

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_