

# Credit card authorization form



PLEASE PRINT, COMPLETE, AND BRING TO YOUR INITIAL COUNSELING SESSION

## Card authorization

I, \_\_\_\_\_ (counseling client), give permission to Life Training Christian Counseling to charge my card for the following services. My card details will be stored confidentially in my file and will only be used to pay my client session fees. I understand that this card will be charged for each counseling appointment, as well as any missed appointments, late-cancelled appointments, or any unpaid balances on my account. Life Training will provide me a QuickBooks online receipt each time my card is charged.

## Card information

### Card type

- VISA
- MasterCard
- Discover
- American Express

\_\_\_\_\_  
Cardholder

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Expiration date

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
CVV

## Card policies

- All clients at Life Training Christian Counseling are asked to provide this information to be kept on file, regardless of how they plan to pay their fees.
- If the client chooses not to have their fees charged to this credit card, payment by cash or check may be used as payment at the time of the session.
- If full payment is not received at the time fees are due, this credit card information will be billed as per this agreement.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date signed