

**Purpose Driven Counseling Services, LLC**

**Credit Card Authorization Form**

I authorize Purpose Driven Counseling Services, LLC to charge my credit card to pay for counseling sessions, missed appointments or to make other payments on my account.

Name Printed on Card: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ CVC 3 Digit Code: \_\_\_\_\_

Type of Card: \_\_\_\_\_ Zip Code for Billing Address: \_\_\_\_\_

By signing below, I certify that my above information is true, accurate, and that I am an authorized user on the account. I authorize Purpose Driven Counseling Services to keep my credit card information on file and to charge any fees that are my responsibility, which are listed on the informed consent form. I understand and give my permission to charge my card for any therapy appointments not canceled with a full 24 hour notice. If I do need to cancel an appointment I will contact my therapist or the office manager in advance and leave a message. Purpose Driven Counseling Services agrees to only charge for services rendered or for fees on appointments not cancelled within 24 hours or as outlined in the consent agreement.

Client Signature: \_\_\_\_\_

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