



DFW Transitions Counseling LLC

Credit Card Authorization Form

I authorize DFW Transitions Counseling LLC to charge my credit card to pay for counseling sessions, missed appointments or to make payments on my account.

Name Printed on Card _____ Type of Card _____

Credit Card Number _____

Expiration Date _____ CVC 3 Digit Code on back 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 DFW Transitions Counseling LLC to keep my credit card information on file and charge any fees that are my responsibility listed on the intake paperwork. I understand and give 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 call the Transitions Counseling office in advance and leave a message for my counselor.

DFW Transitions Counseling LLC agrees to ONLY charge for services rendered or for fees on appointments not cancelled 24 hours in advance.

Client Signature _____ Date _____

Therapist's Signature _____ Date _____