



Authentic Life

Christian Counseling

CREDIT CARD AUTHORIZATION FORM

Authentic Life Christian Counseling (“ALCC”) requests that you provide your credit card information below. If you choose to pay by credit card your credit card will be charged \$_____ by your therapist in each session. If you choose to pay by cash or check, your credit card will only be charged if your account is past due and/or for any additional fees you and/or your minor child/ren incur such as late cancellation or no-shows fees.

- I do not authorize ALCC to charge my credit card at each session but only for additional fees I and/or my minor child/ren incur as set forth in ALCC’s disclosure statement and policies. I will be notified of the type of additional fees I and/or my minor child/ren incur.
- I authorize ALCC to charge my credit card \$_____ after each session and for any and all additional fees I and/or my minor child/ren incur.

If your credit card does not go through, you do not have a credit card, or you do not wish to provide your credit card information, in the event your account remains past due for sixty (60) days, your account may be sent to collections. ALCC reserves the right to send your account to collections, in accordance with ALCC’s policies and procedures; at any time after your account is considered past due.

By signing this authorization form, you agree to notify ALCC of any changes to your credit card information such as a new expiration date or when your credit card has been cancelled, lost, stolen, or revoked. A new form must be submitted if information such as the list of authorized users and the credit card account’s expiration date is amended.

Authentic Life Christian Counseling ONLY ACCEPTS THE FOLLOWING CREDIT CARDS:

VISA DISCOVER MASTERCARD

- Credit card information was taken over the phone on _____ (Date); or
- Credit card information not taken over the phone; please add the following credit card to my file:

Name on Credit Card: _____ Type of
Credit Card: Visa _____ MasterCard _____ Discover _____
Credit Card Number: _____ CVC Code: _____ Expiration
Date: _____
Signature: _____