

New Directions Counseling Center

Credit Card Authorization Form

Your therapy minutes are important to us! Instead of taking time from your 50 minute session to process payment, we ask our clients to fill out this credit card authorization form. Your card will be billed for each session at the end of the business day and a receipt for payment will be emailed to you.

CARDHOLDER INFORMATION	
NAME AS IT APPEARS ON CARD: _____	
<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
CREDIT CARD NUMBER:	
□□□□ — □□□□ — □□□□ — □□□□	
EXP. DATE	□□ / □□□□
SECURITY CODE:	□□□□
	3 DIGITS (4 IF USING AM EX)
EMAIL ADDRESS TO SEND RECEIPTS: _____	
ZIP CODE OF BILLING ADDRESS:	□□□□□
I authorize New Directions Counseling to charge this card for payment of my sessions. I understand my card will not be charged for any other services or products without my prior consent. Missed appointment fees with less than 24 hours notice may be charged.	
_____	_____
Signature	Date