[Your Name, Address, Email, Phone]

**CREDIT CARD AUTHORIZATION FORM**

Please complete all fields. You may cancel this authorization at any time by contacting me. This authorization will remain in effect until canceled.

|  |
| --- |
| **Credit Card Information** |
| Card Type: MasterCard VISA Discover AMEX Other:  |
| Cardholder Name (as shown on card): |
| Card Number: |
| Expiration Date (mm/yy): /  |
| Cardholder ZIP Code: |

I authorize **[your name]** to charge my credit card for the following fees:

* Missed session fees in the amount of $\_\_\_\_\_\_\_per session (without \_\_\_\_\_\_\_hours/days notice)
* Co-pay in the amount of $\_\_\_\_\_\_\_\_ per session
* Fee per session in the amount of $\_\_\_\_\_\_\_\_ per session

I understand that I can revoke this authorization at any time.

Printed Name

Signature

Date