



PRE-AUTHORIZATION FOR CREDIT CARD PAYMENTS

This form is for the convenience of clients choosing to pay by credit card who opt to have an account number kept on file. Upon your authorization, credit card will be automatically billed for services, including session and late cancel/no-show fees. Credit card information will be kept secure and confidential.

Cardholder's Name (as appears on the card): _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Zip Code: _____

I hereby authorize Vienna Counseling & _____ (Provider) to keep my signature on file and to charge my credit card for fees incurred. I understand that this authorization will remain in force until Vienna Counseling has received written notification from me of its termination.

Signature: _____

Date: _____