

## Credit Card Authorization

### Mindful Inspiration Counseling, LLC

The form below allows Mindful Inspiration Counseling, LLC to bill your card for services, co-pays, and late cancellation fees.

I, \_\_\_\_\_ (print name of responsible party) am authorizing Mindful Inspiration Counseling LLC to charge my credit card for any fees, copays, or in the event that I fail to show for a scheduled appointment, or do not give notification of my inability to attend a scheduled appointment at least 24 hours in advance, as agreed to in the Client Consent Form. I authorize Mindful Inspiration Counseling, LLC to charge my credit card for the full amount due for outstanding payments of services rendered. I will not dispute for sessions I have received or that I have not canceled less than 24 hours in advance.

I further authorize Mindful Inspiration Counseling, LLC to disclose information about my attendance/cancellation to my credit card company if I dispute a charge.

Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Type (Circle One): MasterCard      Visa      Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Holder's Name as it Appears on Card (if different from client):

\_\_\_\_\_

Billing Address

\_\_\_\_\_

Card Holder's Phone Number (if different from above) \_\_\_\_\_

By signing below, I agree to the above and verify that I am an authorized user of this card.

**Card Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form will be securely stored and may be updated upon request at any time. Please note your credit card will not be charged unless the following conditions apply:

- No-show for scheduled appointment
- Cancellation less than 24 hours in advance
- Participation in treatment (for example: appointment or virtual session) without payment rendered
- Letters and documentation that client has specifically requested and authorized