

Authorization Form for Credit Card Use

Tamara Nezevica, MC, LPC will accept Cash, Check, Zelle Transfer payments or Credit/Debit Card payments for professional counseling services rendered. It is the policy of this office to keep a credit/debit card on file. In the event of a no show for your scheduled appointment or a late cancellation, your card will be charged for the session fee missed. Thank you for your understanding.

Name on Card:

_____ I authorize Tamara Nezevica, MC, LPC to charge my credit/debit card for professional services as follows:

Initial

_____ All visits for which payment was not made at time of the appointment.

_____ To charge my card the cancellation fee for each no-show or late cancellation (less than 24 hours notice).

Type of Card: Visa MasterCard Discover AMEX

Credit Card Number _____ - _____ - _____ - _____

CVV Number _____ (3-digit number on the back of the card)

Expiration Date _____

Card Holder's Billing Address for Credit Card Statements:

City State Street Zip

Card Holder Signature _____, Date ____/____/____