

INSPIRED Counseling & Consultation, P.L.L.C.

Pre-Authorized Charge Form

I authorize Inspired Counseling & Consultation, P.L.L.C. to keep my signature on file and to charge my credit card for recurring charges for ongoing treatment per the date of service. I understand that this is valid for one year, and that I may cancel the authorization by giving written notice to Inspired Counseling & Consultation, P.L.L.C.

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.

Name on Card: _____

I authorize Inspired Counseling & Consultation, P.L.L.C. to charge my credit/debit card for professional services as follows:

Please Initial

_____ Reoccurring charges for treatment as payment per date of service (if not check or cash)

_____ 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 _____ AMEX _____ Discover Card _____

Credit Card Number _____ - _____ - _____ - _____

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

Card Holder's Billing Address for Credit Card Statements:

_____ Street

_____ City, State, Zip

Card Holder Signature _____, Date ____ / ____ / ____