



CREDIT CARD AUTHORIZATION

By signing this document and filling out the credit card information below you are giving consent for this card to be charged in the event of a no-show as well as for services rendered after the appointment.

Name on Credit Card: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ CVV (3 digit code on back of card): \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_