

Credit Card Authorization Form

I _____ (name as it appears on card) authorize the use of my credit/debit card described below for charges related to services provided by Cameron Wardlaw, M.A., MFT

Credit Card Type: MasterCard Visa American Express Discover

Credit Card Number: _____

Expiration Date: _____ CVV number: _____

Name of Cardholder: _____

Name of Client (if different): _____

Cardholder Signature

Date

I understand that the amount charged on my card will be reflected on my credit card statement and that the name Cameron Wardlaw (or an abbreviated version) will appear on my credit card statement. _____ **(initial)**

I understand that my card will be kept on file and used to pay for services throughout the duration of service unless other arrangements have been made. _____ **(initial)**

I understand that my card will be charged \$_____ per session and will be charged the full session fee of \$_____ for missed appointments or late cancellations. _____ **(initial)**

Client or Guardian Signature

Date

Printed Name