



Credit Card Authorization Agreement

I, _____, authorize Cindy Hatcher, LPC, LMFT to charge my
(Cardholder's Printed Name)

VISA MASTER CARD (circle one) indicated by the account number ending in _____
for the following services: (last 4 numbers on the card)

- For sessions of counseling, including fees for reports, etc. as mentioned in Fee Agreement
- For Missed Visits (No Shows & Late Cancellations [less than 24 hours' notice])
- For Unpaid Balances over 45 days
- For Insufficient Funds (including the fee and a penalty charge of \$25.00)
- For Books that are purchased or borrowed from my therapist

I understand that my signature and initials indicates that I am giving my permission for my card to be activated for the above services as they occur. The account information will be stored securely electronically and not shared with anyone else and not recorded on a written form. I will need to respond in writing to revoke this authorization or change the authorization. I understand that I will be held responsible for any charges and/or fees if the authorization of this card is declined. I understand that it is my responsibility to advise you if I close this account.

(Signature of Cardholder)

(Date)

(Signature of Client)