

CREDIT CARD PREAUTHORIZATION
for counseling services with Elaine J Davis, LPC, LMFT

I, _____, hereby authorize Elaine Davis, LPC, LMFT, to keep my signature on file and to charge my

Visa

MasterCard

American Express

Discover

for recurring charges of \$120.00 per session. I also authorize charges of \$60 in the event that I miss an appointment without cancelling at least 20 hours in advance (unless we both agree that I was unable to attend due to circumstances beyond my control).

I understand that this form is valid until counseling ends unless I cancel the authorization in writing. I agree not to dispute charges for sessions I have received or that I have missed without sufficient notice as indicated above. I further authorize Elaine Davis, LPC, LMFT to disclose information about my attendance/cancellation to my credit card issuer if I dispute a charge.

Client/Card holder Name: _____

Card holder billing zip code: _____

Credit card number: _____

Expiration date: _____

CID (3 digit code on the back of your card): _____

Receipt Needed? Yes No

Cardholder Signature: _____

Date: _____