



Instructions: Please fill out the form completely and write legibly.

Client name(s): _____

This form authorizes Lions Heart Counseling staff, to charge Client’s account using a valid credit card for services scheduled or rendered, or per policies, or for other services provided or sold. Please see signed Office Agreement (e.g. session cost, service fees, late cancellations or “no shows”) for office policies.

The credit card account holder will be responsible to pay for any charges applied to the respective account, using the credit card listed below. By signing this form you agree to allow Lions Heart Counseling staff to charge this credit card for any unpaid sessions, no shows or cancellation with less than 48 hours notice.

At any time, the credit card account holder may rescind this agreement, by written notice to the Lions Heart Counseling staff. By signing this agreement, you agree to not dispute any charge (e.g. attempt to seek “charge back”) that is conducted in good faith by this company. If you otherwise attempt to seek repayment or void a payment through your credit card company, your account balance will be penalized a 20% processing fee (of the payment amount) for each occurrence. You also agree that the office may securely store this original form permanently on file.

Card holder name: _____

Credit card holder signature _____ Date: _____

Billing address: (where statement is sent)

Street: _____ #: _____

City: _____ State: _____ Zip: _____

CreditCardtype: Visa MasterCard AmericanExpress(AMEx)

Credit card account number: _ _ _ _ - _ _ _ - _ _ _ - _ _ _ -

Expiration date: _ _ / _ _

CVV2: _____ (3 digit number on back - Visa/MC, 4 digits on front of AMEX)