



*Counseling  
Associates for  
Well-Being*

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## Credit/Debit Card Pre-Authorization Form

I authorize (*circle one*) Claire Nichols Zimmerman, LCSW / Suzanne Mclean, LCSW / Kelly Mendiola, LMSW/ Aline Robolin, LPC/ Danneel Hubbell, LCSW to keep my signature on file and to charge my Visa or MasterCard Account for recurring charges of \$\_\_\_\_\_ per therapy/counseling session. I also authorize charging my credit card for the full session fee for any appointment that is not kept or cancelled in accordance with our policy. I understand that missed appointments are not reimbursed by insurance. I agree to a \$1.00 added convenience fee for each credit/debit transaction.

I understand this form is valid for two years unless I cancel the authorization in writing. I agree not to dispute charges ("charge back") for sessions I have received or not cancelled 24 hours prior to the scheduled appointment. I further authorize my provider to disclose information about my attendance/cancellation to my credit card issuer if I dispute a charge.

\_\_\_\_\_  
Client name

\_\_\_\_\_  
Cardholder name

\_\_\_\_\_  
Cardholder Billing Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
MC/ Visa Account Number

\_\_\_\_\_  
expiration date

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date