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Authorization for Recurring Credit Card Charges

For your convenience, you may authorize recurring charges to your credit card to pay for your therapy sessions. The charge will be made under the name of my practice. You agree that no prior notification is necessary unless the amount billed exceeds the normal rate, in which case you will receive notification in advance.

Name of Client: _____

Account Type: Visa MasterCard Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV (3-digit number on the back of Visa, MasterCard, or Discover): _____

Billing Zip Code: _____

I authorize charges to this credit card for professional services and associated charges as agreed below.

These charges may include:

Self-pay for session

Charge for cancellation without 24 hours' notice:

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify this practice in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

Signature of Authorized Credit Card User

Date: