4535 Normal Blvd Ste 142

Lincoln, NE 68506

Phone: 402-540-3014

Fax:402-261-8263

CREDIT CARD AUTHORIZAITON FORM

I, (name of card owner) authorize Deb Perrin Counseling to charge my credit card for sessions with Deb Perrin, LMHP. In addition, I authorize Deb Perrin Counseling to charge my credit card $**50.00** feefor cancellation of sessions not honoring the 24-hour cancellation policy as well as missed appointments. And I guarantee payment for any services rendered made with my credit card. If I get an new card I will update the information with Deb Perrin Counseling as soon as possible. I understand that in utilizing my credit card for payment of services or missed/cancelled appointments a $**5.00 convenience processing fee** will be applied to my invoice.

Authorized Signature of Cardholder Date

Printed Name of Cardholder Client Name

Card Type: American Express

Mastercard

Visa

Card Number:

Expiration Date:

Security Code: Zip code associated with card:

Name as it Appears on Card:

Billing Address Associated with Credit Card: