**INSPIRED Counseling & Consultation, P.L.L.C.**

**Pre-Authorized Charge Form**

I authorize Inspired Counseling & Consultation, P.L.L.C. to keep my signature on file and to charge my credit card for recurring charges for ongoing treatment per the date of service. I understand that this is valid for one year, and that I may cancel the authorization by giving written notice to Inspired Counseling & Consultation, P.L.L.C.

It is the policy of this office to keep a credit/debit card on file. In the event of a no show for your scheduled appointment or a late cancellation, your card will be charged for the session fee missed.

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize Inspired Counseling & Consultation, P.L.L.C. to charge my credit/debit card for professional services as follows:

Please Initial

\_\_\_\_\_\_\_ Reoccurring charges for treatment as payment per date of service (if not check or cash)

\_\_\_\_\_\_\_ All visits for which payment was not made at time of the appointment.

\_\_\_\_\_\_\_To charge my card the cancellation fee for each no-show or late cancellation (less than 24 hours’ notice).

Type of Card: Visa \_\_\_\_\_\_\_ MasterCard \_\_\_\_\_\_\_AMEX \_\_\_\_\_\_\_ Discover Card \_\_\_\_\_\_\_ HSA \_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV Number \_\_\_\_\_\_\_\_\_\_\_ (3Pre-digit number on the back of card)

Alternative Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV Number \_\_\_\_\_\_\_\_\_\_\_ (3Pre-digit number on the back of card)

Alternative payment method \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Holder Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_