

Trinity Counseling and Consulting Services, LLC
Malaina F. Hickey, LCSW
4410 West Vickery Blvd., Suite 204
Fort Worth, TX 76107

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting me at (682) 300-4158 or by emailing me at mhickey@trinityccservices.com. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	MasterCard	VISA	Discover	AMEX
	Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____		CVV	_____	
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize Malaina F. Hickey, LCSW, to charge my credit card above for agreed upon fees/purchases. I understand that my information will be saved to file for future transactions on my account.

Additionally, I understand that my appointment reserves this time exclusively for me and if I don't cancel or re-schedule my appointment with at least 24 hour advance notice, I will be responsible for the full session fee of \$120.00.

Customer Signature

Date