

Fitzpatrick & Watson Counseling, LLC
Jason Watson, LPC & Elizabeth Fitzpatrick, LPC
600 Interstate Park Drive, Suite 609
Montgomery, AL 36109
(334) 676-3520

Authorization to Charge Credit or Debit Card

I hereby authorize Fitzpatrick and Watson Counseling, LLC to charge fees for professional services to the credit or debit card listed below. Fees will only be charged for:

- Missed appointments
- Late cancellation fees
- An Appointment in which the financially responsible party is not present, but authorizes treatment (treatment for adolescents)
- Form Completion and Letter preparation fees
- Legal Testimony fees

The charge will be determined by the service provided as detailed in the fee schedule.

Master Card ____ Visa ____ AmEx ____ Discover ____

Card Number _____ - _____ - _____ - _____

Credit Card Three-Digit Security Number: _____

Expiration Date: ____/____

Mailing address associated with credit/debit card account:

Street City State Zip

Card Holder's Signature

Card Holder's Name (please print) Date