

Serenity Counseling LCSW PLLC

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Credit Card on File Authorization Form

Please note that this form will be securely stored in your clinical file and that you are willing to assume the risk for keeping this information on file.

I authorize Serenity Counseling LCSW PLLC, to keep my signature and card information on file and to charge therapy session fees (individual, group, workshops, couples, family or other), or for any appointments with a therapist that are not cancelled within 24 hours of the scheduled appointment time I will be charged a \$95 fee to my credit, charge, or debit card or flex spending account as filled out below for therapy services provided to:

(Therapy Client's Name: Please Print)

I understand that this authorization is valid until canceled in writing. I understand that though this information is secured in my client file, and is unlikely to be tampered with. I agree to assume the risk if the file and credit card information is compromised. I understand that charges for on-going services or materials will normally be posted to my credit/debit/flex card account within 72 hours of each session date. Additionally, I agree that the card listed below may be charged by Serenity Counseling LCSW PLLC in order to settle any outstanding balances accrued by the above listed client upon termination of therapy services including any materials [i.e. books, CD's, DVD's] that I have not returned within one week of termination. I understand that if a charge back fee is incurred or a retrieval fee of is incurred I am responsible for these fees. **Initial** _____

Please fill out the details as indicated below.

Card Holders Name:(Exactly as it appears on card)

Card No:

Expiration Date:

CVV:_____ **Zip Code:**_____

Card Type: Visa MasterCard Discover American Express

Card Holders Signature:

Date: _____