



CREDIT CARD AUTHORIZATION

Full name of individual responsible for payment (as it appears on credit card)

Billing address (address where statement is mailed)

City

State

Zip

(Area code) Phone number

Credit Card Type (circle):

VISA MASTERCARD AMEX DISCOVER OTHER: _____

Credit Card Number: _____

Expiration Date: month: _____ year: _____

Authorization code (on back of card): _____

Billing zip code: _____

Financial agreement/client cost per session: \$150.00 other fees/type: \$200 intake/(\$100 cancellation)

By signing below, you agree to authorize Resilient Hearts, LLC / Maryjoy Kearns, LPC to bill your credit card directly for all missed appointments (canceled with less than 48 hour notice, according to the cancellation policy), for any session fees you authorize to bill, and/or for any outstanding debt.

Client/Guardian Name Printed

Client/Guardian Signature

Date