

1247 Milwaukee Ave. Suite# 208 Glenview, IL. 60025~224.257.4190

Credit Card Authorization

Credit card information is to remain on file for charges accrued by late cancellation or missed sessions, and services rendered during scheduled sessions in the office. This form will be kept securely and can be updated at any time upon your request.

I.			understand th	understand the payment policies and authorize	
Rooted Mind C	Counseling Cen	ter, LLC to charge m	y credit card in th	e event:	
(\$100 i			tment that I have I	not cancelled 24 hours in advance	
Card Type:	□ VISA	☐ MasterCard	□ Discover	☐ American Express	
Cardholder's n	ame (if differen	nt from above):			
Card #:			Exp. Date:		
Name as printe	d on card:				
Verification/Security Code (on back):			Billing Zip Code:		
Client Signature:			Date:		
Recurring Pay	ment Option				
	Rooted Mind C	•	•	securely stored for regular payment redit card on an ongoing basis for	
Client Signature:				Date:	