

Leatherwood Counseling Services, LLC

CREDIT CARD AUTHORIZATION
(to be completed prior to first session)

Thank you for understanding that payment is due at time services are rendered.

HIPPA compliant online payment service, IVY, is provided for your protection.

Name as it appears on card: _____

Billing Address: _____

City _____ State _____ Zip Code _____

Type of Card (circle one): VISA MASTER CARD DISCOVER

Last 4 digits of your card number: _____

Expiration Date: _____

Signature: _____ Date: _____