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Credit Card Authorization Agreement

Instructions: Please fill out the form completely and write legibly.

Client name(s): _____

This form authorizes the owner, Brandi Garner, of Visualize Your Life Counseling and any interns or employees, to charge Client's account using a valid credit card for services scheduled or rendered, or per policies, or for other services or products provided or sold. Please see Client Handout (e.g. appointments, fees, payments and billings) for those policies. The credit card account holder will be responsible to pay for any charges applied to the above named client account, using the credit card listed below. Unless an account is otherwise paid in full with cash or another valid payment option as agreed to by this office, once the credit card account holder signs this agreement, all subsequent charges to client account, from this date and time forth, will be charged to the below credit card. At any time, the credit card account holder may rescind this agreement, by written notice to the Company owner. Upon receiving such written notice, any account balance remaining on the Client account will be charged to the below credit card, only then will the agreement be voided. This document can be voided only when a Client account balance is zero (\$0.00). At no time, will account balance be greater than \$200, before credit card is charged. *Refunds are not given* once a valid charge has been made. By signing this agreement, *you agree to not dispute any charge* (e.g. attempt to seek "charge back") that is conducted fairly by this office.

Credit Card Type: Visa MasterCard American Express (AmEx) Discover

Credit Card account number: _____ - _____ - _____ - _____

Expiration date: ___ / ___ **CVV2:** _____ (3 digit number on back - Visa/MC/Disc, 4 digits on front of AMEX)

	<p>Card holder name: _____</p> <p>Billing Address: (where statement is sent)</p> <p>Street: _____</p> <p>City: _____ State: _____ Zip: _____</p>
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By signing below, I authorize the owner, Brandi Garner, of Visualize Your Life Counseling and any interns or employees to charge all subsequent Client account balances, minus any cash payments, to indicated credit card, until all account balances are paid in full. I also agree that the office may keep this original form permanently on file.

Credit card holder signature _____ **Date:** _____