

# lk counseling, llc

1133 louisiana avenue, #202  
winter park, fl 32789

I authorize lk counseling, llc to charge my credit card to pay for counseling sessions, missed appointments or to make payments on my account.

Name Printed on Card \_\_\_\_\_ Type of Card \_\_\_\_\_  
Credit Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ CVC 3 Digit Code on back of Card \_\_\_\_\_

Zip Code for Billing Address \_\_\_\_\_

By signing below, I certify that my above information is true, accurate and that I am an authorized user on the account. I authorize lk counseling, llc to keep my credit card information on file and charge any fees that are my responsibility listed on the intake paperwork. I understand and give permission to charge my card for any therapy appointments not canceled with a full 24 hour notice. If I do need to cancel an appointment I will call the lk counseling, llc in advance and leave a message for my counselor.

lk counseling, llc agrees to ONLY charge for services rendered or for fees on appointments not cancelled 24 hours in advance.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist's Signature \_\_\_\_\_ Date \_\_\_\_\_