Lori Ann Roland
MIND BODY & SOUL
COUNSELING LLC

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Credit Card Authorization Form

Name on Card _____

Card Type __ Visa __Mastercard __Discover __American Express

Card Number _____

Expiration Date _____ Security Code (3 digits) _____

Billing Zip Code_____

I authorize charges for any session, account balances, and/or session cancellation fees (less than 24 hour notice). Fee is _____ per session.

Signature of Cardholder _____

Name of Client _____

Date Signed _____

You will receive a receipt for credit card charges via text/email.

Email Address _____ Cell Phone _____

I authorize Lori Roland LLC to charge my credit card above for the agreed therapy and/or related services performed. I understand that my information will be saved on file for future services. You may cancel this agreement at any time with a written request. I understand that I will be charged the full session fee if I do not provide 48 hours notice to cancel a session or I fail to show for a session.