

COUNSELING CENTER OF NORTH TEXAS

303 S. Highway 78 Suite 100 Wylie, TX 75098

720 E. Park Blvd. Suite 204 Plano, TX 75094

Phone: 469-342-3468 Fax: 469-342-3466

Credit Card Information and Authorization for Payment of Services

I, _____, authorize Counseling Center of North Texas to charge the below-referenced credit card in the following situations:

- When I have not cancelled my scheduled appointment within 24 business hours or fail to show for my scheduled appointment time, including those situations when I arrive more than 15 minutes after the session start time.
- When I contact my therapist via phone for all conversations lasting longer than 11 minutes.
- When a balance is due on my account for longer than 60 days including those balances owed due to my insurance company not covering services.

Credit Card Information

Card Type:

Visa Mastercard Discover Other: _____

Card Holder Name Listed on Credit Card: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Credit Card Security Code: _____

Credit Card Holder's Address: _____

Authorized Card Holder Signature: _____

Date: _____

Consent for Recurring Charges

In addition to the situations listed above, I authorize this credit card to be used as payment for ongoing charges incurred at the Counseling Center of North Texas.

Authorized Card Holder Signature: _____

Date: _____

Client Name: _____ Date of Birth: _____