

**** CLIENTS CREDIT CARD INFORMATION ****

Please fill out all fields below. You may cancel this authorization at any time by contacting me in writing.

This authorization will remain in effect until cancelled.

>>> This form must be filled out prior to seeing a therapist. Thank you. <<<

CARD TYPE: () VISA () MASTERCARD () DISCOVER No, American Express. Sorry.

CARDHOLDERS NAME:

CARD NUMBER:

EXPIRATION DATE:

CVV CODE:

BILLING ZIP CODE:

PHONE NUMBER:

RESPONSIBILITY FOR CHARGES:

The session is due at the time of visit. I agree that I will be responsible to pay for the full visit charge if I miss, or cancel an appointment. It is my understanding that payments can be made via Cash (preferred), PayPal, or Venmo or credit card. Sorry, no Zelle or Checks at this time. There will be a approximate 5% charge for all payments made by credit or debit card, as to cover the surcharge for processing the payment. Note: If client is late to the session, there will be no session discount. Thank you! If you have any questions please ask Laura.

I, _____, authorize **Laura Monk (Thrive Therapy & Counseling)** to charge my credit card for agreed upon services or purchase per the agreed upon amount.. I understand my information will be saved to my file for future transactions on my account. This authorization is in effect until cancelled in written notice via email or signed letter by Laura Monk and yourself.

Client's Signature

DATE