**Pre-Authorized Charge Form**

**Client Name (First then Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Responsible Party if NOT the Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship of Responsible Party if NOT the Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I authorize **Jennifer D. Nichols, MA, LPC-S** to keep my signature on file and to charge my

Credit Card listed below:

On the day of your session, you will be charged your session fee to the below given payment source.

 (Initial the Box) You will be charged your FULL SESSION FEE for failing to notify me of your intention to miss your appointment BEFORE the 24 hour window preceding your appointment time (or not showing up for your appointment).

You will be responsible for the above agreed amount when appointments are missed or not cancelled BEFORE the 24 hour preceding window of the original appointment time. Your therapeutic relationship can and may be terminated following 3 missed appointments.

I understand that this form is valid until the termination of services with Jennifer Nichols, MA, LPC-S, unless I cancel the authorization through written notice to the service provider.

**Cardholder’s Name (Print Please):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Type:

 Visa  MasterCard  Discover  American Express  HAS/FLEX

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Verification Number (CVV): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code associated with Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_