Live Life Counseling, LLC

1435 Haw Creek Circle, Suite 403, Cumming, GA 30041-770-940-9679

**CREDIT CARD PAYMENT RECORD**

Client Name as it Appears on Card:

Card Number:                                                                    Expiration Date:

Credit Card Billing Information:                                                                                           Street Number Zip Code

Security Code on Card (3 or 4 numeric digits):

Email Address:

Therapist’s Name:

I understand that if I do not give 24 hour notice to cancel an appointment, I will be responsible for the full counseling session fee for the missed appointment and it will be billed to my credit card.

Client Signature:

Signature indicates that you agree to allow your therapist to make charges on your card without you present.

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| Description of Service  (e.g. 90847) | Date of Session | Date Posted | Amount Posted | Authorization Code | Recorder’s Initials |
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