

Barton Creek Counseling, PLLC
Credit Card Authorization

I _____ authorize Barton Creek Counseling to charge my credit card for psychotherapy sessions at the rate of \$135 for 50 minute sessions and/or \$215 for 80 minute sessions.

In addition, I authorize Barton Creek Counseling to charge my credit card for missed or cancelled sessions not honoring the 24 hour cancellation policy. I guarantee payment for any of the above services rendered.

Authorized signature of cardholder

Date

Printed name of cardholder

Date

Card Type: American Express
 Mastercard
 Visa

Card Number: _____

Expiration Date: _____

Security Code: _____

Zip Code: _____

Name as it appears on card: _____

Address (Where credit cards statements are sent)