**Credit Card Information and Authorization**

If you need to cancel or reschedule an appointment, please give 24 hours advance notice, otherwise you will be charged at my full hourly rate. If I do not hear from you before your missed appointment, your credit card will be charged. If you need to cancel or are going to be late, please call me at my office number (830-608-3137). If you arrive late, the session will still end at the scheduled time. If I haven’t been informed that you will be late and you haven’t appeared 15 minutes after your scheduled time, I may leave the office.

Credit Card Authorization

I, ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Kim Lehmann, LPC-Intern to bill my credit card as listed below for professional fees for [ ] myself or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Initial)

\_\_\_\_\_ Appointments that I elect to pay by credit card.

\_\_\_\_\_ Missed appointments. (Will be charged at the full fee)

\_\_\_\_\_ Appointments I have cancelled with less than 24 hours’ notice. (Full fee)

I also agree that my credit card may be charged for the following:

\_\_\_\_\_ Balances of charges not paid by me.

\_\_\_\_\_ Insufficient funds/returned checks and bank charges for those.

Type of Card (check one):

[ ] Visa [ ] Mastercard [ ] Discover [ ] American Express

Name as it appears on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CVV2/CID Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code on billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit card charge will appear as LaVonne Dyste.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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