

# Credit Card Authorization Form



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

I authorize Tammy Blodgett, LPC to charge my MasterCard, Visa or Discover for all late cancellation charges and missed appointments.

I authorize Tammy Blodgett, LPC to keep my signature on file and to charge my MasterCard, Visa or Discover for ALL charges incurred for all services provided.

Cardholder's Printed Name	
Card Number	
Cardholder's Billing Address	
Billing City and Zip	
CVV Code	
Card Expiration Date	
Type of Card: Visa, MC Amex, Discover	

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Fees for Professional Services:**

I (we) agree to pay Tammy Blodgett, LPC the following fees for any of the services received.

Service	Fee
Individual Counseling	\$125.00
Couples Counseling	\$150.00
EMDR Session(s)	\$150.00

Payments for services are due at the time of visit and remain the sole responsibility of the client or person indicated as being responsible for your account.

I HEREBY CERTIFY that I have read and agree to abide by the conditions indicated by this

# Credit Card Authorization Form

statement.

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date