

Credit Card Authorization:

Please complete this form even if you will not be charging your sessions on a regular basis. Missed appointments and returned checks will be automatically charged to this credit account.

Client Name: _____

Name as it appears on Credit Card: _____

Your Billing Address: _____ Zip Code: _____

Email Address (optional): _____

Credit Card Type:

Visa

Master Card

Credit Card Number: _____

Expiration Date: _____

Please Check One of the Two Options:

_____ I authorize Karen Conklin-Johnson to process my credit card for payment of services on a recurring basis for all scheduled appointments including missed appointments, late cancellations, and returned checks.

_____ I authorize Karen Conklin-Johnson to process my credit card for payment of returned checks, missed appointments, late cancellations and visits for which I do not pay by cash or check.

Signature

Date