

# Credit Card Authorization

I authorize Red Mountain Counseling, PLLC to keep my signature on file and charge my VISA or Mastercard for:

1. Completed sessions
2. Missed sessions without notice in accordance with Counseling Service Agreement
3. Requested services outside of normal sessions, including, but not limited to writing letters, completing forms, phone calls

**Patient Name:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Cardholder Address:** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Verification Code:** \_\_\_\_\_

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