

OpenDoor Counseling and Assessment Services, PLLC

Credit Card Authorization Form

Pursuant to the Counseling Agreement/Informed Consent you understand payment for counseling is due at the time of services. You also understand you can pay with cash or a check. You agree that the entire monthly fees will be charged to this account on or about the 10th of each month or, if you pay with cash or check, any balance due at the end of any month will be charged to this account.

CARDHOLDER INFORMATION

NAME AS IT APPEARS ON CARD: _____

Discover MasterCard Visa American Express

CREDIT CARD NUMBER:

— — —

EXP. DATE

/

SECURITY CODE:

3 DIGITS (4 IF USING AM EX)

ADDRESS FOR THIS CARD: _____

ZIP CODE OF BILLING ADDRESS:

EMAIL ADDRESS TO SEND RECEIPTS: _____

I authorize New Directions Counseling to charge this card for payment of my sessions. I understand my card will not be charged for any other services or products without my prior consent. Missed appointment fees with less than 24 hours notice may be charged.

Pay all charges from this account

Pay any remaining balance at the end of each month

Signature

Date