

Paraclete Counseling Center
3905 Johns Creek Court, Suite 260
Suwanee, GA 30024
Office: 770-753-0350/Fax: 770-497-9536

Authorization to Use Credit Card

Therapist: _____

Client Name: _____

Credit Card #: _____

Name on Credit Card: _____

Card Type: MC V Discover

Expiration Date: _____

V Code: _____

Billing Address: _____

Zip Code: _____

My signature below states that I agree to the above credit card being charged for the client stated above with the therapist stated above. I understand that I will be billed at the standard therapy rates for any 45-50 minute session, unless other arrangements have been made directly with the therapist stated above. This form and my credit card information will be held in this office until all billing has be completed and then destroyed at the end of that time period.

Signature

Date

Email (for receipt)