

**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)