

Modern Family Counseling

31 Fairmount Avenue
Suite 205
Chester, NJ 07930

Credit Card Authorization

I _____ am authorizing Modern Family Counseling to keep my credit card on file. My credit card will be charged the full counseling session fee plus a \$5.00 processing fee for the following purposes:

1. I choose not to pay by cash or check after each appointment held.
2. I don't show up for a session or don't cancel my appointment at least 24 hours in advance.
3. A phone session unless payment is paid in advance by cash or check.

Cardholder Signature _____

Date _____

Client Information

Name: _____

Phone: _____

Cardholder Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Credit/Debit Card Information

Card Type (circle one): *Visa* *Mastercard* *Discover* *Amex*

Security Code: _____

Card Number: _____ Expiration Date: _____