

Printed Name: _____ Birthdate: _____

Credit Card Authorization

I understand that a valid credit card number on file is required to hold my appointment time. I hereby authorize Lifestyle Consultant to charge my credit card listed below for fees for psychotherapy services not paid by other means. This includes any missed appointments or appointments canceled/rescheduled with less than 24- hour notice.

Name: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: Billing City: _____

Billing State: _____

Billing Zip: _____

Phone Number: _____

E-mail Address: _____

Name Printed: _____

Signature: _____

Date: _____