

## CREDIT CARD AUTHORIZATION FORM

**Please note: The information you provide here is protected as confidential information.**

Kirstine Benoit and H.O.P.E Psychotherapy of Houston requires a valid credit card information on file for ALL clients. This form can be used as a form of payment/auto-payment for the scheduled sessions and/or in the event of any missed appointments. Note: \* Your charge will show as H.O.P.E Psychotherapy of Houston, PLLC on your credit card bill.

Name as shown on the credit card: \_\_\_\_\_

Billing address on the credit card: \_\_\_\_\_  
\_\_\_\_\_

Type of Card: AMEX    Visa    MC    Discover Credit

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Card Security Code: \_\_\_\_\_

I authorize H.O.P.E Psychotherapy of Houston to charge the agreed upon session fee amount to my credit card account. I understand that the agreed upon amount may also be charged on this credit card in the event of any missed appointments that were not cancelled 24 hours prior. I understand that it is my responsibility to inform H.O.P.E. Psychotherapy of Houston of any changes on my credit card account or should I wish to use an alternate method of payment. I understand that I will be responsible for any charge back and/or return changes. I further understand that declined charges may result in extra fees or even termination of services. Furthermore, a receipt will be provided at my request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_