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CREDIT CARD AUTHORIZATION FORM

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

Elevate Counseling requires 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 is shown 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 charges. 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: _____