Comprehensive Counseling Care for the Family
Stephanie A. Richards LPC, RPT, PLLC
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Office: (210) 606-1934 Fax: (855) 462-9865

Credit Card Payment Authorization Form

Type of Card and Number

I have provided Stephanie A. Richards, LPC, PLLC with my credit card number and authorize her office to keep my signature on file, and to charge my credit card account (designated below) for all services, to include any sessions, any missed appointments, any balances, and for all third party payments paid directly to me, that were due to Stephanie A. Richards, LPC, PLLC.

I understand that this form is valid unless I cancel the authorization through written notice and that an invoice for all paid balances will be provided to the authorized cardholder, only upon direct request to counselor.

Name on Credit Card:

_____

(If a third party is the financially responsible party, client must provide a Release of Client Information Authorization to Stephanie A. Richards, LPC, PLLC)

Type of Card: Visa MasterCard (Circle One) (No AMEX or DISCOVER accepted)

Credit Card Number:

_____

CVS # _____ **Expiration Date:** _____
(3 digit Security Code on back of card) (as provided on card)

Cardholder's billing address and zip code:

_____

_____

_____

By signing this agreement, I assume sole responsibility for all unpaid balances; all unpaid balances must be paid in full before scheduling future sessions with counselor.

Cardholder's Signature: _____ **Date:**_____