CREDIT CARD AUTHORIZATION FORM

I authorize Debra R. Thompson to charge my credit card for the charges as they accrue on my account including but not limited to missed session fees, co-pays, insurance deductibles, bounced check fees, copying fees, letter writing fees, etc.

I understand that I can add a card or change the credit card on file with Debra R. Thompson at any time in writing or in person during a session. I do understand that all balances must be paid off prior to removing all credit card forms from my file permanently.

Credit Card Number

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date CVV Code Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Credit Card Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date