

Credit Card Authorization Form

Though this form will be securely stored in a password protected file, by signing this, you are willing to assume the risk in allowing me to keep this information on file.

I, _____ authorize Mari A. Lee, MA, LMFT, CSAT-S, CPTT-S doing business as Growth Counseling Services, Inc. to keep my signature and credit card information in a password protected file. I am giving my permission to for Mari A. Lee to charge for consulting or supervision session fees.

I understand and agree that any appointments that are not cancelled 72 hours before the scheduled appointment time per Ms. Lee's policy, will be charged to my Visa or MasterCard as listed below.

I understand that this authorization is valid until canceled in writing.

I understand that though this information is secured in a password protected file and it is unlikely to be tampered with, I agree to assume the risk and all liability if the file and credit card information is compromised.

I understand that charges for supervision or consulting services will be charged at the **start of the day on the day** of my supervision or consulting appointment.

I understand that if a charge back fee is incurred or a retrieval fee is incurred I am responsible for these fees.

I agree that if I have any concerns or questions regarding charges to my account, or if the charge fails to post to my account, I will contact Mari A. Lee for assistance and/or disclosure.

I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Mari A. Lee, LMFT and those attempts have failed.

I am assuming payment responsibility for the client above whose name is listed in the printed area, and if the client is someone other than myself, I understand that I am not entitled to information pertaining to supervision and consulting services as provided by Mari A. Lee.

I understand the conditions of this payment policy and agree to the terms and conditions stated above:

Cardholder Name
[print or type]: _____

Signature _____

Relationship to
client: _____

Billing Address: _____

City/State: _____

Zip Code: _____

Card Type (**check one**) **Note: I do not accept AMEX**

Visa

Mastercard

Acct. Number: _____ - _____ - _____

Exp. Date: _____

I understand that my supervision and/or consulting session fee will be charged on the morning of my session unless cancelled 72 hours in advance:

Cardholder Signature: _____

Date: _____