

Devan Armstrong MS, LMFT
Credit Card Authorization Form

I, _____, hereby authorize Devan Armstrong to charge my credit card account in the amount not to exceed: \$85 for the initial assessment counseling session and \$75 for each counseling session thereafter.

VISA MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: ____ / ____ Security Code: _____

Credit Card Billing Address:

Name as it appears on card: _____

Street: _____

City: _____ State: _____

Zip Code: _____ - _____

Telephone: (____) ____ - _____

By signing below, I authorize the charges specified above.

_____/____/____
Cardholder's Signature Date

As the credit card holder, I authorize Devan Armstrong to charge my credit card \$75 for a No Call / No Show and \$25 for a late cancellation (canceling an appointment within 24 hours of the appointment time).

_____/____/____
Cardholder's Signature Date

Your completion of this authorization form helps us to protect you from credit card fraud. Devan Armstrong will keep all information entered on this form strictly confidential and in a secure location.