

Hollie Wilson Counseling

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Highland Village, TX 75077
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205-238-1207

Credit Card Authorization

Client Name: _____

The below credit card information, provided by the client or parent/guardian, will be placed on file. By signing this authorization, you are agreeing to allow Hollie Wilson Counseling to charge the listed credit card at the completion of ongoing regular therapy sessions according to the rate schedule, any "no show, no call" appointments, cancellations made inside of 24 hours of set appointment, and any additional agreed upon charges.

Type of Credit Card: Visa

MasterCard

Name (as printed on card):

Credit Card Account Number:

Expiration Date: ____/____ 3 Digit Security Code/CVC: _____

Billing Address for Credit Card:

City _____ State _____ Zip Code

Email Address:

_____ (to
receive electronic copies of receipts)

Printed Name: _____

Signature of Cardholder: _____ Date:
