

CREDIT CARD AUTHORIZATION

Please complete the information below: I _____ authorize Kim Callaway-Fliege, LPC, NCC to charge my credit card for any balances on my account. In the event that I do not cancel an appointment within 24 hours, I authorize that my credit card be charged a cancellation fee.

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CCV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Zipcode of billing address _____

SIGNATURE

DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. Please note, this form is kept under triple lock and will be securely destroyed upon completion of services.