

**Credit Card Authorization**

I authorize Sharon L. Ward, MS, LPC, NCC to keep my signature on file and to charge this credit card at the rate of \$ 120.00 per 50 minute session / \$ 160 per 90 minute session. Phone time, sessions, report preparation, consultation with other treatment professionals, parents, school personnel, sessions that run over the scheduled time, no showed and late cancelations may also be charged to this card. Consultations with lawyers or other legal personnel are subject to a 1 hour minimum charge and if subpoenaed, there is a flat rate of \$ 1000 per day.

I understand that rate will be prorated for any additional session or phone time.

I also am acknowledging and asserting that I have the authorization from the card holder to utilize this card for the purposes of payment as outlined above.

FAX this form to 817-441-6179

Card Holder's Name \_\_\_\_\_

Card Holder's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Client's name \_\_\_\_\_

Relationship to Cardholder \_\_\_\_\_

Card Number \_\_\_\_\_

[please write clearly and leave spaces between groups of numbers]

Master Card      Visa      Discover      American Express

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

This agreement will expire when revoked **in writing** by the card holder.

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments

Card Authorization Voided \_\_\_\_\_ Date \_\_\_\_\_