

**FORM 5**  
**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 \$ 140.00 per 50-minute session / \$ 220 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.

**HSA/FSA: If you want to use your HSA or FSA account for payment you may. I also require a regular credit card on file should the funds in your HSA/FSA account be depleted at some point or if the charge is for no show, late cancel or legal issues which cannot be charged to your HSA/FSA account.**

**Please fill out a separate form for each card.**

I understand that rate will be prorated for any additional session or phone time.  
This agreement will only expire when revoked **in writing** by the card holder.

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.

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

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

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

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

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

Email or text Square receipts to \_\_\_\_\_  
[optional – you may receive other messages from Square if you provide your email for receipts]

Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
[please write clearly and leave spaces between groups of numbers]

Master Card      Visa      Discover      American Express      HSA/FSA

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

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_