

FOREST PATH COUNSELING & WELLNESS, PLLC

CREDIT CARD AUTHORIZATION FORM

Authorized Client(s) allowed to be charged under this credit card information :

Credit Card Number _____

Expiration Date : _____ CVC Code: _____

Billing zip code for card _____

Cardholders name (as it appears on card): _____

Billing address for Card : _____

By signing below, I certify that my above information is true, accurate, and I am an authorized user on the account and all names listed above may be charged fees and services listed on the information and consent form. My signature below also represents that I have read, understand and agree to all items on the information and consent form. I authorize Lisa Fulfor, LCSW and Forest Path Counseling & Wellness, PLLC to have my above credit card information kept on file and charged any fees that are my responsibility listed on the intake paperwork.

Printed Name

Date

Signature

Date