

## CREDIT CARD AUTHORIZATION AGREEMENT Lana Pivovar MA, LMFT

I hereby authorize Lana Pivovar to keep my signature on file in order to charge my credit card for following:

- Regular session fees ( at your request as a convenience to you)
- Fees for cancelation of a session without 48hr notice according to my policy.
- Delinquent session fees ( fees that are more than 30 days overdue)

**Please Complete the Following:**

Print the name as shown on the card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Three digit security code on the back of the card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (print name) Have read and understand the terms of providing my credit card information for the counseling services. I agree not to dispute charges for sessions I have received or that I have missed without notice as indicated above.

*Cardholder's Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_