**Summers Counseling, LLC**

**Darlene Summers, LPC**

**17505 N 79th Ave Suite 311-E**

**Glendale, AZ 85254**

**(602) 684-5234**

**Credit Card Authorization Form**

This form authorizes the use of the following credit/debit card for counseling services provided by Summers Counseling LLC/Darlene Summers, LPC.

Name on card (please print):

I authorize Summers Counseling, LLC/Darlene Summers, LPC to charge my credit/debit card for professional services as follows:

* All visits for which payment was not made at time of visit (this includes fee for service, deductibles and co-pays).
* For any balance of fees not paid by my insurance company within 90 days.
* $50 for the first no show, then $100 after this moving forward for no-show or late cancellation (less than 24 hours notice). Fee will be charged to card on the day of the no-show or late cancel.

Type of card:

VISA MC DISCOVER

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

CVV Number (3 digit code on back of card): \_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_

Billing Zip Code: \_\_\_\_\_\_\_\_\_\_

Signature of card holder Date