Credit Card #:_____

Richard J. White MA, LPC
Family Counseling Solutions
2217 Princess Anne St.,
Fredericksburg, VA, 22401

Credit Card Authorization

I._____, agree that Richard J. White may charge my credit card for the following charges:
- missed or late canceled sessions
-Any uncollected copay's or deductibles that are a part of the client's insurance not payed at the time of the session
-Any therapy sessions that are not paid at the time of the session

It is my understanding that the charge for any no show fee/late cancellation will be $85.00 plus a 3.2% processing fee that is collected by square for use of a credit card. My standard rate for a therapy session is $150.00 for an initial assessment and $180.00 per session.

My information appears below:

Client credit card information:

Cardholder's name as it appears of the card:

_____

Type of card: (circle): MasterCard Visa

Credit Card #:_____

Expiration date:_____

V-code (3 digit # on back of card:_____ Cardholder' s

address (please be sure to include zip code):

Cardholder' s signature_____

Date: _____

The information contained in this form will be used only for the purposes as stated above, will be held in confidentially under lock and key and will not be shared with any persons, organizations or entity outside of this practice.