



Credit Card Authorization Form

I _____ authorize We Climb Counseling & Consulting LLC., to charge my credit/debit card for the following:

- Individual, couples, or family counseling/consultation sessions
- Copay or coinsurance rates for all attended appointments
- \$80.00 for any appointments missed or canceled with less than 24 hours' notice
- Any portion of billable service not covered by my insurance policy

Name Printed on Card: _____ Type of Card: _____

Credit Card Number: _____ Expiration Date: _____

CVC 3- or 4- Digit Code: _____ Billing Address Zip code: _____

By signing below, I certify that the above information is true and accurate and that I am an authorized user on the credit card/debit account above. I authorize We Climb Counseling & Consulting LLC. to keep my credit card information on file and charge the above fees automatically and on an ongoing basis until or unless I cancel these automatic payments in writing. I understand that I am responsible for notifying We Climb Counseling & Consulting LLC. if my credit/debit card information needs to be updated. We Climb Counseling & Consulting LLC. agrees to ONLY charge for services rendered or for appointments not cancelled 24 hours in advance. I understand that if I wish to cancel an appointment, I will need to speak with an employee of We Climb Counseling & Consulting LLC., send an email to the correct email address of my counselor, or leave a recorded voicemail message at (770) 629-8669

Client Signature: _____

Date: _____

Witness Signature: _____

Date: _____