

***Shania Chandy M.A., L.P.C***

***2800 North Dallas Parkway, Suite 120***

***Plano, Texas 75093***

***Phone: 214-809-9747***

## **Credit Card Authorization Form**

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Client Name: \_\_\_\_\_

Card Holder Name: (as it appears on card) \_\_\_\_\_

Billing address of card holder (including zip code): \_\_\_\_\_

\_\_\_\_\_

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

Circle: Mastercard    Visa

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

Security Code (on back of card) \_\_\_\_\_

*I authorize Shania Chandy LPC, to keep this signature on file and to charge my credit card for the fee for counseling services as indicated below:*

\_\_\_\_\_ For the time I remain a client or the following period of time: \_\_\_\_\_

\_\_\_\_\_ One time charge in the amount of: \_\_\_\_\_

Any additional instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I authorize Shania Chandy LPC, to charge my credit card for missed appointments or for appointments cancelled with less than 24 hour notice, except when determined by Shania Chandy to be an emergency.*

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_