

Intrinsic Motivation Counseling Services, LLC

6510 Abrams Road, Suite 280

Dallas, TX 75231

Ph. 469-225-9551

Authorization to Secure Payment

I, _____ authorize Andrea Wise-Brown and/or Intrinsic Motivation Counseling Services, LLC to process payment on my Visa, MasterCard, or Discover Card for services and/or for any balance due that has not been paid **30 days after it is received.**

I understand that if the appointment is missed and I do not follow the cancellation policy as specified, Andrea Wise-Brown and/or Intrinsic Motivation Counseling Services, LLC is authorized to charge my credit card the same as the missed appointment.

I understand that if my card is declined, Andrea Wise-Brown and/or Intrinsic Motivation Counseling Services, LLC may put my credit card payment through on another day when funds become available.

I understand that I have given Andrea Wise-Brown and/or Intrinsic Motivation Counseling Services, LLC my Visa or MasterCard or Discover Card (circle applicable) information. I further understand that if I miss a scheduled appointment or fail to provide 24-hour's notice, my credit card will be charged the full amount of the session.

I have read and understand this form. I attest that the information below is true and accurate.

Signature of Card Holder

Date

My credit card information is as follows:

Cardholder's Name

Client's Name

Credit Card Account Number

Expiration Date

Security Code

Is this a debit card?

Yes No

Today's Date

Zip Code

Please indicate if you would like your session Co-pay automatically charged to your credit card.

Yes No

Amount of Co-Pay

\$ _____

E-mail Address: _____