

Limitless Counseling Services (LCS) LLC
2670 N. Columbus Street Suite G Lancaster, Ohio 43130
Phone: (740) 901-1231/(740) 218-2698 Fax: (740) 901-3021

Credit Card Authorization Form

Please note that this form will be securely stored in your clinical file.

I hereby authorize, Michelle Duncan, doing business as Limitless Counseling Services LLC, to keep my signature and credit card information on file and to charge session fees (evaluation, individual, groups, couples counseling, urine screens, or other) to my credit, debit, or flexible spending account as filled out below for counseling services provided to: (Printed client's name) _____

_____ (initial) I understand that my counseling session will be charged via this form and not by swiping my credit card to collect fees for services.

_____ (Initial) I understand that this authorization is valid until it is cancelled in writing.

_____ (Initial) I understand that though this information is secured in my client file, and is unlikely to be tampered with, I agree to assume the risk if the file and credit card information is compromised.

_____ (Initial) I understand that charges for ongoing services will normally post within 72 hours of each session date and my session fee will be charged immediately.

Additionally, I understand that a receipt will be sent to the email listed in my intake paperwork.

_____ (Initial) I understand that I am assuming session payment responsibility for the client above whose name is in the listed printed area, and if that client is someone other than myself, I understand that I am not entitled to information pertaining to confidential therapy sessions unless authorized in writing by the client.

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I understand the conditions of this payment policy and agree to the conditions stated above. I agree that I am the owner or authorized user of the referenced credit card and authorize Limitless Counseling Services LLC to charge my credit card (listed below) for counseling services received.

X _____

Account Holder Signature

Cardholder Information

Name: _____

Billing Zip Code: _____

Credit Card Information

Credit Card Type: ___ MasterCard ___ Visa ___ Discover Card

___ American Express ___ Other: _____

Number: _____

Expiration Date (Month/Year): _____ Security Code (3 digit code) _____

Cardholder Signature: _____

Date: _____