



Credit Card on File Authorization

I _____ authorize Katherine S. Arnold, LMFT, LPC at *Present Hope Counseling, LLC* to charge my credit card for psychotherapy sessions at the rate of \$120.00 per 50-minute session or \$200.00 for 90-minute session. In addition, I authorize Katherine S. Arnold, LMFT, LPC at *Present Hope Counseling, LLC* to charge my credit card for cancellation of sessions not honoring the 24-hour cancellation policy as well as missed sessions. I guarantee payment for any services rendered made with my credit card, including renewed cards.

Authorized signature of cardholder

Date

Printed name of cardholder

Card Type:

American Express ☐

Mastercard ☐

Visa ☐

Card Number: _____

Expiration Date: _____

Security Code: _____

Name as it appears on Card: _____

Billing Address: _____