



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 session rate of \$120.00 or based on my copay cost in accordance with my insurance plan. 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 at a full rate of \$120.00 which is an out of pocket cost. Missed/canceled sessions cannot be billed to insurance. 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

Please fill out the 16 digit card number in person with your therapist so sensitive financial data is not sent via email.

Card Number: _____

Expiration Date: _____

Security Code: _____

Name as it appears on Card: _____

Billing Address: _____