

### Credit Card Authorization Form

I \_\_\_\_\_ (name as it appears on card) authorize the use of my credit/debit card described below for charges related to services provided by Miriam Koenig, LMFT, LPCC.

Credit Card Type: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express

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

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

CVV number \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Name of Client (if different): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that the amount charged on my card will be reflected on my credit card statement and that the name Miriam Koenig (or an abbreviated version) will appear on my credit card statement.  
\_\_\_\_\_  
(initial)

I understand that my card will be kept on file and used to pay for services throughout the duration of service unless other arrangements have been made. \_\_\_\_\_ (initial)

I understand that my card will be charged \$ \_\_\_\_\_ per session and will be charged the full session fee of \$ \_\_\_\_\_ for missed appointments or late cancellations. \_\_\_\_\_ (initial)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_