



CREDIT CARD AUTHORIZATION FORM

I authorize Chestnut Park Professionals, LLC to charge my debit/credit card to pay for counseling sessions, missed appointments or to make payments on my account.

Name as it is on card

Type of card (Visa, Mastercard, etc.)

Credit card number

Expiration date (month/year)

CVC (3-digit code on the back of card)

Zip code for billing address

By signing below, I certify that the above information is true and accurate and that I am an authorized user on the credit card/debit account above.

I authorize Chestnut Park Professionals, LLC to keep my credit card information on file and charge fees automatically and on an ongoing basis until or unless I cancel these automatic payments in writing. I understand that I am responsible for notifying Chestnut Park Professionals, LLC if my credit/debit card information needs to be updated.

Chestnut Park Professionals, LLC agrees to ONLY charge for services rendered or for appointments not cancelled 24 hours in advance and/or non-attendance of scheduled appointment (\$60). I understand that if I wish to cancel an appointment, I will need to notify my counselor or the Chestnut Park Professionals, LLC office (270) 782-1116.

Signature of client or client representative (parent, guardian, or another authorized signatory)

Date

Printed name