Candace Dale Mckenzie Counseling, LLC

4880 Lower Roswell Rd, Ste 165, Unit 143, Marietta GA 30068

CandaceDaleMckenzie.com

cdmcounseling@gmail.com

CREDIT CARD ON FILE AUTHORIZATION FORM

This form in necessary so that I may process any unpaid balanced on your account. By signing this authorization I will not in anyway charge your credit card without your consent, unless you have an outstanding bill, or were unable to give me a 24 hour cancellation for a missed appointment that is stated in our treatment agreement.

The undersigned agrees and authorizes Candace Dale Mckenzie Counseling LLC , to charge the credit card indicated below for any account balances which include, but are not limited to fees for late cancel (24 hours) and no show appointments.

Cardholder's name (as it appears on the card):

_____

Credit Card Number:

_____

Expiration Date: _____

Security Code: _____

Billing Address Zip Code: _____

Card Type: (please circle one)

(Visa Mastercard Amex Discover Other)

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Page 2 Credit Card Authorization Form

(Client)

I _____ authorize Candace Dale Mckenzie Counseling LLC to process the above credit card as "Signature on File" for any balance due on my account. I understand this authorization will expire 1 month after the date of my last office visit, or if I submit a written request to revoke my authorization to Candace Dale Mckenzie Counseling LLC, I have read and agreed to Candace Dale Mckenzie's LMFT informed consent and financial policy.

(Responsible Payer)

I _____ authorize Candace Mckenzie, LMFT to process the above credit card as "Signature on File" for any balance due on this client's account that I am paying for. I understand this authorization will expire 1 month after the date of this client's last office visit, or if client submits a written request to revoke my authorization to Candace Dale Mckenzie, LMFT. I have read and agreed to the CC agreement.

Signature of Authorized Cardholder

_____ Date _____

Signature of Client (if Not Payer)

Note: Authorization form must be signed with payer name in order to bill.

_____ Date _____

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