



Billing/Credit Card Authorization Form

BILLING AUTHORIZATION FORM

I authorize you to charge my bill from Zach Baldrige Counseling, PLLC and/or the office of Zach Baldrige, MS, LPC, directly to my credit card(s) listed below. This authorization is valid until I provide the office of Zach Baldrige Counseling, PLLC with a WRITTEN notice requesting cancellation of automatic billing. Credit Card transactions will appear on your statement as ZACH BALDRIDGE COUNSELING, PLLC ALLEN, TX. These charges include, but are not limited to:

- Individual, Family, and Couples sessions at a rate of \$125.00 per 50 minutes.
- Phone/Online sessions at a rate of \$125.00 per 50 minute session.
- Late cancellations without minimum 24 hours notice at a rate of \$125.00.
- Missed appointment at a rate of \$125.00 per 50 minute session.
- Court appearances and all associated fees.

CREDIT CARD INFORMATION:

Type of Card (Visa, MC, Discover, Amex): _____

Credit Card Number: _____ - _____ - _____ - _____

CVC code (3 or 4 digit code): _____

Card Expiration Date: _____

Name as it appears on card: _____

Signature: _____

Today's Date: _____

