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Credit Card Authorization and Consent Form

Clients are required to keep a valid credit card number on file. This credit card will only be used for missed appointments, late cancellations (not made at least 24 hours in advance of appointment time), or delinquent balances (balances more than 60 days past due). This card will not be used for any other reasons than the above stated terms.

Client Name

(print): _____

Cardholder's name:

(print): _____

Card Type (circle one): Visa MasterCard American Express Discover

Card Number:

Expiration Date: ____/____ (mm/yy)

3 Digit CVC/Security Code _____

Credit Card Billing Zip Code: _____

I understand that if I want to use my credit card for my session (s) that I will make a payment at the start of the session I will be attending using the physical credit card. I agree that this form is valid for the length of therapy and authorization for the use of this card will be canceled at the termination of therapy. I understand that If my card expires and/or I want to replace it with another card to keep on file, I will notify Carolyn Karoll, LCSW-C, CEDS-S.

I have read and understand the terms of this credit card authorization form. I authorize Karoll Counseling, LLC to keep my credit card number and my signature on file and to charge my credit card listed above for missed appointments and/or late cancellations at the full rate of session fee, and for any delinquent balances more than 60 days past due.

Cardholder's Signature

Date

Carolyn Karoll, LCSW-C, CEDS-S Signature

Date