

ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the form of payment you wish to use for any services rendered through Johnson Counseling Services. The following forms of payment are accepted: Visa, MasterCard, American Express and Discover. Service fees will be deducted from the designated account at the time services are rendered. Your credit card information will be securely stored in compliance with federal HIPAA standards.

Client Information:

Client Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone Number: _____ Mobile Phone Number: _____

Cardholder Information:

Please indicate the name and address associated with the credit or debit card you wish to use.

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Email (if preferred): _____

I, _____, authorize Katie Johnson, LISW to charge my credit/debit card for professional services.

Cardholder Signature

Date

Cut here-Save Top Portion in Client's Chart

Credit/Debit Card Information:

Please provide your payment information below. The debit or credit card information you provide on this form will be destroyed once your first payment has been made.

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

Card Number: _____

Expiration Date: _____ CVV Number (3-digit code on back of card): _____