

# Credit Card Authorization- Tracy E. Crain, M.S. LPC-S, LCDC Counseling Services

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Please initial the following paragraphs:

\_\_\_ I am the cardholder or I am an authorized user of this card.

\_\_\_ The undersigned hereby authorize Tracy E. Crain M.S., LPC-S, LCDC to bill the following account for counseling services and any associated costs rendered to \_\_\_\_\_ client.

\_\_\_ The undersigned hereby represents and warrants to Tracy E. Crain M.S., LPC-S, LCDC that he/she is authorized by the entity issuing the credit card(s) described below to make charges to such credit card(s) and to sign on behalf of the credit card holder. Furthermore, by execution hereof and by providing the credit card information listed below, the undersigned fully authorizes Tracy E. Crain M.S., LPC-S, LCDC to charge such credit card on a regular basis for the services and costs described above.

\_\_\_ This authorization and the information contained herein will be maintained as part of the patient's confidential medical record and stored in a secure place.

\_\_\_ This authorization may be rescinded at any time by written communication, except to the extent that action has already been taken based on this authorization.

\_\_\_ The undersigned hereby releases Tracy E. Crain M.S., LPC-S, LCDC from liability, if any, for charges made to the credit card by third parties which are not acting as an agent or representative of Tracy E. Crain, M.S. LPC-S, LCDC.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Visa     MasterCard     American Express     Discover

Card Number: **Visa, MC, Discover**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

3-Digit Security Code on Back of Card: \_\_\_\_\_

Card Number: **American Express**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

4-Digit Security Code on Front of Card: \_\_\_\_\_

Name on Card: \_\_\_\_\_  
Please print name as shown on card

Complete Credit Card Billing Address:  
\_\_\_\_\_  
\_\_\_\_\_