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### **Credit Card Authorization**

Account Type:  Visa  MasterCard  Discover  AMEX

Client Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Address: City/State/ZIP: \_\_\_\_\_

\_\_\_\_\_

Card # \_\_\_\_\_

Exp: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_ Billing ZIP Code: \_\_\_\_\_

By my signature below, I grant Journey Inward Counseling the authority to charge this credit/debit card for the amount(s) that I owe for the services rendered by Journey Inward Counseling to me and/or client listed above. I authorize Journey Inward Counseling to keep this card on file electronically. Services such as co-pay, deductible, co-insurance, agreed upon self-pay rates, and other charges, which could include missed appointment/late cancellation fee of **\$75**, phone services, and other fees outlined in the clinics' policies.

Journey Inward Counseling shall accept any and all financial liability for unauthorized charges by Journey Inward Counseling and/or its employees or contract therapists.

I authorize Journey Inward Counseling to run this credit/debit card at time of service or as charges occur to avoid 5% billing fees.

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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#### **Journey Inward Counseling STAFF VERIFICATION**

The client has signed this authorization and provided me with a valid credit card. I have verified the information to be correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_