**VALERIE HAMAKER MARRIAGE AND FAMILY COUNSELING SERVICES**

A division of All About Attachment, LLC

2421 NE LAKE BREEZE DRIVE LEE’S SUMMIT, MO 64086

816-838-3447

**Credit Card Payment Authorization Form**

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date and provides authorization for Valerie to debit your credit card after each therapy session or in the event that you, the client, do not attend scheduled session and do not cancel before 24 hours of the scheduled session.

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Valerie Hamaker Marriage and Family Counseling

Services to charge my credit card account for counseling services offered.

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Account Type: Visa MasterCard  Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_  THREE DIGIT CODE \_\_\_\_\_\_\_\_ |

SIGNATURE DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.