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Valerie Hamaker Marriage and Family Counseling Services

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Credit Card Payment Authorization

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 Hamaker Marriage and Family Counseling Services 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 the 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: _____

Cardholder Name: _____
Card Number: _____
Expiration Date: _____
3 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.