

Jerry D. Ryan, MS, CRC, LPC, NCC
Mental Health Therapist/Rehabilitation Counselor/Life Coach

Credit Card Authorization Form

Name: _____ Date: _____

I authorize Jerry D. Ryan, MS, CRC, LPC, NCC to charge my credit/debit card in the amount of \$_____ for each 50-minute therapy session. I acknowledge that this fee applies to missed appointments or those canceled with less than 24 hour notice.

I understand that it is my responsibility to keep an updated copy of my credit/debit card information on file. If my credit/debit card is declined for any reason, I am responsible for immediate repayment of the full balance by cash or check.

Client Signature

Date

Name as it appears on Card: _____

____ Mastercard ____ Visa Card #: _____ - _____ - _____

CCV (3-digit code on back of card): _____ Expiration Date: _____ / _____

Billing Address: _____
