Active Enhancement

Submit by Email

Print Form

Client Authorization For Credit Card Payment

By providing the following credit card information, I herby authorize Active Enhancement, LLC/Kenny Wolford, M.A., M.F.T. to charge my credit card for therapeutic counseling received on: _____

I also understand that if I do not give 24-hour notice to cancel an appointment that my credit card will be charged for the full amount of the missed session.

Name as it appears on Credit Card: _____

Credit Card Billing Address: _____

City, State and Zipcode _____

Credit Card Type ☐ **Visa** ☐ **Mastercard**

Credit Card Number: _____

Expiration Date: _____ **3 Digit Security #:** _____

Email Address for receipt: _____

Home Phone: _____

Signature: **Today's Date:**

Signature: **Today's Date:**

Signature: **Today's Date:**

Signature: **Today's Date:**

Signature: **Today's Date:**

Credit Cards are processed through PayPal's Secure Server **Credit Card Authorization forms are kept in a locked and confidential file**