



Kenny Wolford Counseling Services/Active Enhancement, LLC

Client Authorization For Credit Card Payment

By providing the following credit card information, I hereby authorize Active Enhancement, LLC/ Kenny Wolford, MA, LPC, LMFT to charge my credit card for therapeutic counseling received on: _____ date. Or Circle: **On-going**

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. Only exception are when schools are closed due to inclement weather.

My 50 Minute Session Rates Are: \$100/Session for Individuals
\$110/Session for Couples
\$110/Session for Families

Name as it appears on Credit Card:

Credit Card Billing Address:

City, State and Zipcode

Credit Card Type Visa Mastercard Am-Ex

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 Square Register **Credit Card Authorization forms are kept in a locked and confidential file**