

Credit Card Authorization Form

Name: _____

Address: _____

Phone #: _____

Email: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

CVV: _____

Zip Code of Billing Address: _____

Send receipt? No

Yes

via Text

via Email

This notice authorizes Danna Dahl, LCMFT, LCPC (billing as Danna Dahl, LLC) to charge my credit card for scheduled appointments. I acknowledge that appointments which are cancelled with less than 24 hour notice or failure to show for a scheduled appointment will be charged to my credit card. I also acknowledge that I will be required to provide an alternate form of payment if my credit card is denied.

Authorized Signature

Date