



Authorization Secure Payment

I, _____, authorize Envision Counseling to process payment on my Visa, MasterCard, or Discover card for my sessions not paid by other means.

If I do not pay my bill 30 days after it is received, I understand that I have given Envision Counseling my Visa, MasterCard, or Discover card for the purpose of securing payment for my sessions.

I further understand that if I miss a scheduled appointment/or fail to provide 24 hours notice, my credit card will be charged half the amount of the session.

I have read and understand this form. I attest that the information below is true and accurate.

Signature of Card Holder

My credit card information is as follows:

Card Holder's Name

Client's Name

Credit Card Account Number

V Code

Expiration Date

Card Holder's Signature

Today's Date