



CREDIT CARD AUTHORIZATION

I hereby grant to Michelle Barnwell, LCSW – Barnwell Counseling & Family Therapy, PLLC permission to process credit/debit charges.

The security of your personal information is extremely important. Michelle Barnwell, LCSW – Barnwell Counseling & Family Therapy, PLLC is committed to protecting the security and privacy of any personal information you provide, including any financial information. Please inquire of any questions concerning this authorization, the “information regarding services” and/or “Notice of Privacy Policy Practices” forms provided for your review and agreement.

This form is requested for all clients and required to be on file.

Client Name/s: _____

Please read all below:

Acceptable forms of payment are cash, check, debit card or credit card.

My initials below:

_____ Without my debit/credit card, I authorize Michelle Barnwell, LCSW – Barnwell Counseling & Family Therapy, PLLC to use my credit/debit card number provided below to process charges/fees assigned to any named individual(s) listed above.

_____ I authorize Michelle Barnwell, LCSW – Barnwell Counseling & Family Therapy, PLLC to be compensated for missed appointments of which the client/s named above did not show up for session or canceled session less than 24 hours before the time of the appointment. Late Cancellations and missed appointments are billed at the rates listed in the fee schedule.

Please complete all of the information below:

Type of Card (circle): American Express Visa MasterCard

Exact Name on Card: _____

Relationship to Client: _____

Card Number: _____

Expiration Date: _____

3-4 Digit Security Code/CVC: _____

Billing Address: _____

Email Address: _____ (for electronic receipts)

Signature: _____ Date: _____