

Credit Card Authorization

I authorize The Journey Center for Healing Arts, PLLC to keep my signature on file and charge my credit card account for:

- Charges for services rendered
- Charges for missed appointments (including those not canceled within 24 hours)
- Balances of charges not paid by me within 30 days

I understand that I may revoke this agreement at any time by providing a request in writing.

Client Name _____

Cardholder's Name _____

Cardholder's Address _____

City _____ State _____ Zip _____

- VISA
- Master Card
- Discover
- American Express

Account number _____

Expiration date _____ Security Code _____

Signature _____

The Journey Center for Healing Arts, PLLC agrees to charge only for reasons agreed upon in Psychotherapy, Supervision, or Consultation agreement.