



Credit Card Authorization Form

Card Holder Name: _____

Billing Address: _____

Credit Card Number: _____

Expiration Date: _____ Security Code (3-digit): _____

Amount to Charge (co-pay): _____(USD)

I authorize Mindful Reflections Counseling Center, PLLC to charge the agreed amount listed above to my credit card provided herein. I agree that Mindful Reflections Counseling Center, PLLC may charge a \$80 fee for missed or canceled appointments without 24-hour notice. I agree that I will pay for this service in accordance with the issuing bank cardholder agreement.

Cardholder Printed Name

Cardholder's Signature

Date