**Credit Card Payment for Professional Services**

\_\_\_\_\_VISA \_\_\_\_\_\_Mastercard

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Account (exactly as it appears on credit card)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City ZIP code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number Exp. Date 3 Digit Security Code

(on back of card)

I authorize Emily M. Diaz, LPC, NBCT to bill the above credit card for professional services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Card Holder Date

**Payment for Late Cancellation or No-Show**

I authorize Emily M. Diaz, LPC, NBCT to bill the above credit card when I do not give advanced notice for a late (less than 24 business hours) cancellation or no-show, as per the informed consent . I understand that if I do not wish my credit card billed for this purpose, I am still responsible for paying these fees.

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Signature of Card Holder Date