

Monica Hurt LMFT, PLLC

6708 W Highway 146
Pewee Valley KY 40056
502-338-8100

Credit Card Authorization Form

I authorize Monica Hurt, LMFT PLLC to charge my credit card to pay for counseling sessions, missed appointments or to make payments on my account.

Name Printed on Card _____

Type of Card _____

Credit Card Number _____

Expiration Date _____

CVC 3 Digit Code on back of Card _____

Zip Code for Billing Address _____

By signing below, I certify that my above information is true, accurate and that I am an authorized user on the account. I authorize Monica Hurt LMFT to keep my credit card information on file and charge any fees that are my responsibility listed on the intake paperwork.

I understand and give permission to charge my card for any therapy appointments not canceled with a full 24-hour notice. If I do need to cancel an appointment, I will call Monica Hurt LMFT in advance. Monica Hurt LMFT agrees to ONLY charge for services rendered or for fees on appointments not cancelled 24 hours in advance.

Client Signature _____ **Date:** _____

Therapist's Signature _____ **Date:** _____