



Jess Albright, LCPC, ACS

Licensed Clinical Professional Counselor

Credit Card Authorization

I authorize Jess Albright, LCPC, ACS to charge my credit card as noted below for all missed appointments, cancellations without 24 hours prior notice, and appointments in which no other form of payment is readily available.

**Please note that debit cards and prepaid credit cards, including FSA and HSA cards, cannot be placed on file as they cannot be guaranteed to process manually.*

Client's Name: _____

Parent/Guardian (if applicable): _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email Address: _____

Credit Card (circle): Visa MasterCard Discover American Express

Name As It Appears on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Security Code (on back of card): _____

Billing Zip Code: _____

Signature: _____ **Date:** _____