



# 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:** \_\_\_\_\_