Texas Premier Counseling Services

www.TexasPCS.org
(972) 895-2502
Support@TexasPCS.org

CREDIT CARD AUTHORIZATION FORM

Your therapy minutes are important to us! Instead of taking time from your session to process payment, we ask our clients to fill out this credit card authorization form. Your card will be billed for each session at the end of the business day and a receipt for payment will be emailed to you. Please note that any missed appointments or late cancellations will be billed to this card.

CARDHOLDER INFORMATION

NAME AS IT APPEARS ON CARD: _____

○ MasterCard ○ Visa

CREDIT CARD NUMBER:

☐☐☐☐–☐☐☐☐–☐☐☐☐–☐☐☐☐

EXP. DATE

☐☐ / ☐☐☐☐

SECURITY CODE

☐☐☐☐

3 DIGITS (4 IF USING AM EX)

ZIP CODE OF BILLING ADDRESS: ☐☐☐☐☐

EMAIL ADDRESS TO SEND RECEIPTS: _____

I authorize Texas Premier Counseling Services, LLC to charge this card for payment of my sessions. I understand my card will not be charged for any other services or products without my prior consent. Missed appointment fees with less than 24 hours notice may be charged.

Signature: _____ Date: _____