



Credit Card Authorization Form

I authorize New Waters Counseling LLC to charge my credit card to pay for counseling sessions, fees that I am responsible for, or to make payments on my account.

Name Printed on Card _____

Type of Card: Visa / American Express / Mastercard

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 New Waters Counseling LLC to keep my credit card information on file and charge any fees that are my responsibility listed on the intake paperwork. I understand that New Waters Counseling LLC reserves the right to charge

my card for any therapy appointments that are scheduled but I do not show up for. If I do need to cancel an appointment I will call New Waters Counseling LLC in advance and leave a message for my counselor or reschedule in the client portal.

New Waters Counseling LLC agrees to ONLY charge for services rendered or for fees identified in policies distributed at intake appointment. (These fees are also identified on the website: www.newwaterscounseling.com.)

Client Signature _____

Date _____

Therapist's Signature _____

Date _____