



## CREDIT CARD AUTHORIZATION FORM

By completing this form, I, \_\_\_\_\_ am choosing to use a credit card to pay for counseling services. I understand that my credit card will be charged in the following circumstances:

- Co-payments if I am using my insurance to pay for counseling \*\*
- Full counseling fees if I am not using insurance to pay for counseling
- Return check fees (\$25)
- Full session fee in the event of an appointment cancelled less than 24 hours in advance
- Outstanding balances over 30 days delinquent

I, \_\_\_\_\_, authorize Gobbel Counseling & Adoption Services, PLLC to charge my credit card the appropriate fee for payment of counseling services, appointments that are not cancelled 24 hours in advance, a return check fee, or outstanding balances over 30 days delinquent.

Type of Card: VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Other <input type="checkbox"/> _____	Exp. Date: ____/____
Name on Card: _____	
Card Number: _____ - _____ - _____	
Verification/Security Code (3 digit code on back of card): _____	
Billing Address: _____	
City: _____	State: _____ Zip: _____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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