

Leslie Edwards, MA, LPC, PLLC
Licensed Professional Counselor
Texas License #62496

Phone: (210) 693-7131
Fax: (844) 863-6544
Ledwards.therapy@gmail.com

Credit Card Authorization Form

Please note that the information on this form will be securely entered and stored in a HIPAA compliant online virtual terminal that is password protected for your safety. While all secure methods to protect your information are in place, and I take your safety seriously, no company can 100% guarantee that any online system cannot be breached, thus you are accepting responsibility and risk in allowing me to store your information for counseling charges.

I authorize Leslie Edwards, MA, LPC, PLLC to keep my signature on file and to charge my credit card for:

1. Balances or charges not paid by me or insurance within 90 days from the date of service.
2. Recurring charges (on-going counseling sessions) cash-pay rate or insurance deductible/co-pay until the termination of treatment.
3. Fees or charges for other services or for missed appointments as described in the informed consent form.

I understand that I may revoke this agreement at any time by providing a request in writing.

Client's Name: _____

Cardholder's Signature: _____

Cardholder's Address: _____

City: _____ State: _____ Zip Code: _____

Please circle card type: VISA MC DISCOVER AMEX

Credit Card Number: _____

CVV Code: _____ Exp Date: _____