

Barbara Flor Counseling, LLC
Barbara Flor, Ed.S., Licensed Professional Counselor (PA & SC)
Licensed Mental Health Counselor (FL)

Phone: (267)278-6139 Fax: (888)877-0423 www.barbaraflor.com
mail@barbaraflor.com

Authorization for Credit Card Charges

Account Type: Visa____ Master Card____ American Express____ Discover____

Cardholder Name: _____

Account Number: _____

Expiration Date: _____ Billing Zip Code: _____

CVV: _____ Billing Address: _____
(3-digit number on back of Visa, MasterCard, Discover; 4-digit on front of AmEx)

I authorize Barbara Flor Counseling, LLC, to charge this credit card for professional services as agreed below. These charges may include:

Co-pay and/or co-insurance for session: \$ _____

Self-pay for session or payment for session not covered by insurance: \$ _____

Late Cancellation and NO Show fee: \$ 75.00

Returned check fee per check: \$25.00

Other: _____ \$ _____

I understand that this authorization will remain in effect until I cancel it in writing and it is acknowledged by Barbara Flor Counseling, LLC, and I agree to notify this practice in writing of any changes in my account information as soon as I am made aware of these changes.

Signature of Authorized Credit Card User:

_____ Date: _____

Printed name of Authorized Credit Card User:
