

CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	
ACCOUNT NUMBER					
EXPIRATION DATE	Month:			Year:	
BILLING ADDRESS					
CITY, STATE					
ZIP CODE				SECURITY CODE	
PHONE NUMBER					
E-MAIL ADDRESS					
Do you want a receipt? _____ YES _____ NO					
If YES, do you want it via email? _____ Via text _____?					
<p style="margin: 0;">Authorization:</p> <p style="margin: 10px 0 0 0;">I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p style="margin: 10px 0 0 0;">I certify that all information above is complete and accurate.</p> <p style="margin: 10px 0 0 0;">I hereby authorize collection of payment for charges for therapeutic counseling services from Kaye Bradley Williams, LMFT as outlined in her Practice Policy Statement, which I have signed separately.</p>					

CARDHOLDER NAME
SIGNATURE
TODAY'S DATE

Kaye Bradley Williams, LMFT, CSAT
 321 Billingsly Court, #3
 Franklin, TN 37067
 615-440-9087