Alison Nightingale LPC

Ashland, OR 97520-2414

**(541) 631-8086**

anightingalelpc@gmail.com

www.alisonnightingale.com

**Credit Card Authorization Form**

Credit Card Type Visa \_\_ Discover \_\_ Mastercard \_\_

Credit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code \_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Name as it appears on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address (Must be the exact billing address as it appears on the statement) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

I authorize Alison Nightingale LPC to charge my credit card her full hourly cash fee of $155 in the event that I cancel with less than 24 hours’ notice or no show for our session time. \_\_\_\_

I authorize Alison Nightingale LPC to charge my credit card $155 dollars per 60 min session unless I choose to pay by other means. \_\_\_\_\_\_

I agree to update this information whenever I renew or receive a new credit card. \_\_\_\_\_\_\_

If Alison Nightingale LPC is unable to process my payment, I will be responsible for an alternative payment arrangement and any resulting processing fees that may be incurred.\_\_\_\_\_\_\_

I would like to be emailed a receipt Yes/No

This information will be stored in a locked filing cabinet behind a locked door. Square or IVYPAY is the processing company that will be used and they will have your information on file once your credit card has been used for a payment. It will keep your information secure. Alison Nightingale LPC will destroy this information once we have completed our work together and all payments for service have been received.

By signing the authorization, I acknowledge that I have read and agree to all above information and that all information is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_