

MORNING GLORY COUNSELING, PLLC

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Fee Contract & Credit/Debit Card Payment Authorization Form

Sign and complete this form to authorize Morning Glory Counseling, PLLC (“Morning Glory Counseling”) to debit to your credit/debit card listed below. If Morning Glory Counseling is unable to process your payment, you will be responsible for an alternate payment arrangement and any resulting processing fees.

By signing this form, you give Morning Glory Counseling, PLLC permission to debit your account for the amount indicated on or after the indicated date below. Unless otherwise stated, this is permission for the debit/credit card listed below to be charged without you present either at your request for it to be charged, or in the case of a no show or late cancellation of your scheduled appointment.

Please complete the information below:

I, _____, authorize Morning Glory Counseling, PLLC to charge my credit/debit card account indicated below for the agreed upon rate on or after ____/____/____ either at my request or in the case of a **no show** or **late cancellation** of an appointment.

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name(s):	_____			
Credit Card Number:	_____			
Expiration Date:	_____	Zip Code:	_____	
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX):	_____			

I authorize the above named business to charge the credit/debit card indicated above in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I agree that if clarification with the credit card company of my services is needed, you may disclose my name, your name, and identifying information so that the credit card company will honor the charge for services.

CLIENT SIGNATURE _____ DATE _____