



Credit Card Authorization Form

Every client is asked to sign a Credit Card Authorization Form at the first appointment. When you come for your session you may pay with the credit card already authorized or by cash or check. Your card will not be charged for a session without your permission. Your credit card authorization will be kept on file.

******Please Note: Sessions cancelled less than 48 hours in advance will be charged the full session fee.***

Client Name _____ Name on Card if Different: _____

I authorize Sherry Gaba, LCSW to charge my card for professional services for the amount of \$_____.*

****Note: A \$2.00 credit card processing fee will be added to your session fee amount.***

Type of Card: VISA_____ MasterCard_____ Expiration Date_____ (MM/YY)

Card Number_____ CCV Code: (found on back of the card) _____

Card Holder's Billing Address for Monthly Card Statements:

Card Holder Signature_____ Date ___/___/___

Charges will appear on your card statement as Sherry Gaba, LCSW.