



Credit Card Payment Authorization Form

Sign and complete this form to authorize A Vagabond's Journey Counseling to debit your credit card as listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for therapeutic treatment fees accrued while in treatment with A Vagabond's Journey Counseling and does not provide authorization for any additional unrelated debits or credits to your account. Credit cards may be run as primary payment or in the event that you forget to bring another form of payment to your session. Credit cards will also be debited in the event that you fail to give adequate notice of missing an appointment. A receipt of credit card processing will be sent to the email provided below or, if you choose, by text to your mobile device.

Please complete the information below:

I, _____, authorize A Vagabond's Journey Counseling to charge my credit
(full name; please print)

card account indicated below. Fees accrued for services rendered or missed appointments or failure to provide payment at the time of service will be processed via credit card at the agreed upon counseling fee.

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC/Discover, 4 digits on front of AMEX) _____

I authorize A Vagabond's Journey Counseling to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amounts indicated above only. I certify that I am an authorized user of this credit 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.

SIGNATURE _____ DATE _____