

**CREDIT CARD PREAUTHORIZATION**  
for counseling services with Elaine J Davis- LMFT

I authorize Elaine Davis, LMFT, to keep my signature on file and to charge me for recurring charges of \$150.00 per session. I also authorize charges of \$50 in the event that I miss an appointment without cancelling at least 20 hours in advance (unless we both agree that I was unable to attend due to circumstances beyond my control). I understand that this form is valid until counseling ends unless I cancel the authorization verbally or in writing. I agree not to dispute charges for sessions I have received or that I have missed without sufficient notice as indicated above. I further authorize Elaine Davis LMFT to disclose information about my attendance/cancellation to my credit card issuer if I dispute a charge.

Today's date: \_\_\_\_\_

Client/Card holder Name: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

CID (3 digit code on the back of your card): \_\_\_\_\_

Card holder billing zip code: \_\_\_\_\_

Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_