

Tom McCabe, MA, LPC

Confidential counseling for individuals

PO Box 23284
Juneau AK 99802-3284

319 Seward St, Rm 3
Juneau AK 99801

907-209-6336 cell
888-972-1911 fax

tom@alaskapsychotherapy.com

www.alaskapsychotherapy.com

Authorization to Retain Cardholder Signature and to Charge Credit Card for Counseling Services

I authorize Tom McCabe, MA to keep my cardholder signature and credit card account information on file and to charge fees, or partial fees, to my credit card account for his services provided to me

or to _____ (printed client name), including any fees for missed appointments or for cancellations with less than 24 hours advance notice. This authorization is valid until canceled in writing.

Date: _____ Cardholder signature: _____

Printed cardholder name as it appears on the card: _____

Card type: Visa MasterCard Discover American Express

Last four digits of the card #: XXXX-XXXX-XXXX- _____ Card expiration date: _____

Billing address (where card statements are mailed): _____

City: _____ State: _____ Zip: _____