



# Credit Card Authorization Form

Please complete the following information. This form will be securely stored in your clinical file and may be updated upon request at any time.

I, \_\_\_\_\_, authorize Debrah Williams, Registered Counselor to charge my credit card for professional services as follows:

Please initial:

\_\_\_\_\_ Recurring charges for services in the amount of \$\_\_\_\_\_ per visit.

\_\_\_\_\_ I understand and agree that my card will be charged The Human Thread's full fee for cancellations with less than 24 hours notice and for appointments I miss without notice as agreed to in the Client Consent and Disclosure Form I signed.

\_\_\_\_\_ I understand and agree that my card will be charged for balances of charges not paid by me or my insurance (such as deductibles and co-pays).

\_\_\_\_\_ I understand this form is valid for one year unless I cancel the authorization in writing. I will not dispute charges ("charge back") for sessions I have received or appointments I missed according to the above policy.

**Charges will appear on your credit card statement as "The Human Thread"**

Visa

MasterCard

Debit Card

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification/security code: \_\_\_\_\_

Name as printed on card: \_\_\_\_\_

Billing Address (Street, City, State, & Zip): \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Debrah Williams  
The Human Thread  
108 SE 124th Avenue, Suite 27  
Vancouver, WA 98684