

LOCC Credit Card Authorization

I, _____, give Lake Orion Counseling Center my authorization to use my credit/debit card information to cover costs of my sessions with my therapist. I understand I can revoke this permission at any time.

Client signature

Date

Card Type (ie. Visa, MasterCard, etc): _____

Number: _____

Expiration: _____

3 Digit Code: _____

My Zip Code: _____