

**Authorization for Credit Card Payments**

I authorize **Dean Altenhofen LPC / Effective Counseling Center** to keep my signature on file and to charge my account for any outstanding balance including, but not limited to:

- Fees to guarantee an appointment time(s)
- Fees for counseling services and evaluations
- Fees for missed / broken appointments
- Fees for letters / reports written for, or on, my behalf.

I understand I may receive a receipt / explanation for these charges at my request. This authorization will remain in effect until such time I request cancellation through written notice.

Cardholder's Name: \_\_\_\_\_

Card Type: Visa          Mastercard          American Express          Discover          Other

Account # \_\_\_\_\_

Expiration Date (MM / YYYY) \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_