

**Credit Card Payments for Psychotherapy Sessions
Authorization and Information**

1. For any therapy session you choose to charge to your credit card, your signature below authorizes Denver Counseling Group/Shalee Horstman to charge your credit card for the amount agreed to in your Disclosure Statement.
2. In the case of an in person session, if you forget to bring your checkbook or credit card to a session, your signature below authorizes Denver Counseling Group/Shalee Horstman to charge your credit card for the fee.
3. All credit card information is to be kept confidential and secured in a locked cabinet in client's confidential file.

Client's Authorizing Signature: _____

Date: _____

Please provide the following information as it appears on your credit card or statement:

1. Your name as it appears on your credit card: _____

2. Credit Card Type: _____

3. Credit Card Number: _____ 3 digit code: _____

4. Credit Card Expiration Date: _____

5. Your full mailing address as it appears on your credit card or statement:

Street Address: _____

City: _____ State: _____ Zip: _____