



Credit Card Authorization Form

Trevor Walton, MMFT Masters in Marriage and Family Counseling COUNSELING FOR COUPLES, FAMILIES & INDIVIDUALS

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Client Name: _____

Name on Credit Card (if different from client): _____

Fee (per session): _____

Method of Payment: Visa Mastercard Discover

Card #:

Exp. Date:----- CVC Code: -----

Billing address (must match the address the credit card company has on file):

Address: _____

City: ----- State: _____ Zip:-----

I authorize Trevor Walton, to keep my credit card information confidentially filed with my session records to use as payment for each of my sessions unless other form of payment is provided or requested. I understand I must provide cash or check should my credit card be declined.

Signature: _____

Date:----- Phone Number: -----