amanda K kirby counseling

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.

I, _____, hereby authorize Amanda Kirby Counseling, P.C. to use my credit card information to charge my credit card under the following conditions:

- Failure to show up to a scheduled session ($75)
- Cancellations made with less than 24 hours notice ($75)
- Returned check + bank fees
- Balances of charges not paid to me or by insurance
- Fees not covered by insurance
- Insurance payments made to me rather than Amanda Kirby Counseling, P.C.
- Miscellaneous other fees (e.g., court preparation/testimony, disability preparation, letters/reports, etc.)

Name as it appears on card: _____

Card #: _____

Type of Card: Visa MasterCard Discover

Expiration date: _____

Security code: _____

Billing address: _____

I understand that I have the right to revoke this agreement at any time by providing a request in writing.

_____ _____

Signature of Client/Legal Guardian Date

_____ _____

Amanda Kirby, MS, Ed.S, LPC Date