



Robert Lusk, Ph.D. & Michelle Staley, MA, LCPC, CADC, LFYT-II
 1100 N. Beech St., Building #7 Office #7, Normal, IL 61761
www.mettacounseling.com Phone: 309.287.9722

CREDIT CARD AUTHORIZATION FORM

| | | | | | | | | | | | | | | |
|--|---|--|--|--|---|--|----------|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
| I hereby authorize Metta Counseling to charge the credit card listed below for payment of fees which are incurred by the authorized user(s) and family. | | | | | | | | | | | | | | |
| Credit Cardholder | | | | | | | | | | | | | | |
| Credit Card Type | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other: | | | | | | | | | | | | | |
| Credit Card Number | | | | | | | | | | | | | | |
| CVC Number | | | | | (last 3 digits from back of card or 4 digits from face of card) | | | | | | | | | |
| Expiration Date | | | | | | | (mmyyyy) | | | | | | | |
| Billing Address | | | | | | | | | | | | | | |
| City, State, Zip | | | | | | | | | | | | | | |
| Please select one of the following payment options: | | | | | | | | | | | | | | |
| <input type="checkbox"/> Once | Bill my credit card once for the following amount: | | | | | | | | | | | | | |
| <input type="checkbox"/> Every Session | Bill my credit card after each session. | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> No-Show | My credit card will also be billed when I do not arrive for a scheduled appointment without advanced notification ('no-show'). | | | | | | | | | | | | | |
| I agree that all information provided is accurate and complete. I also acknowledge that if any charges are declined or charge backs are claimed against any outstanding invoiced amount, I will be expected to pay the invoiced amount plus any added costs and fees in cash. If this is not paid, the statement may be sent to a collection agency. | | | | | | | | | | | | | | |
| This form will be kept on file at Metta Counseling until the expiration date of the credit card or until I request revocation in writing. | | | | | | | | | | | | | | |

Signature: _____

Date: _____