Christina Ashby, LMSW
19115 FM 2252 Ste. 12, San Antonio, TX 78266

CREDIT CARD AUTHORIZATION FORM

I hereby authorize Christina Ashby, LMSW and Abiding Hope Christian Counseling to maintain a record of my credit card and my signature on file for payment of the following services: psychotherapy services, including deductibles, co-pays, non-cancelled or late-cancelled appointment fees, any charges owed that are not covered by my insurance company, and the litigation policies that are set forth in the Informed Consent Agreement. These charges include, but are not limited to, payment of retainer for court/deposition/legal proceeding preparation and appearance, consultation and telephone appointments, report and letter writing, and completion of disability paperwork.

My signature below authorizes Christina Ashby, LMSW and Abiding Hope Christian Counseling to charge my credit card for all applicable charges on an on-going basis. I understand that if I decide to terminate services with Mrs. Ashby, and my account is paid in full upon termination, I may withdraw the authorization to charge my credit card in the future.

In the event your credit card expires, or is lost or stolen, of if you desire to use another credit card, please notify us and we will have you complete a new Credit Card Authorization Form, and will delete your old information. We are equipped to utilize Health Savings Account cards, and accept MasterCard, Visa, Discover and American Express.

PLEASE PRINT LEGIBLY:

Client Name: _____

Cardholder's Name (as it appears on the credit card):_____

Credit Card Billing Address (the address where the credit card statement is received)

Street_____ Apt/Suite_____

City and State_____ Zip Code _____

Credit Card Type Visa_____ MasterCard_____ Discover_____ AMEX_____

Credit Card Number: _____ Expiration Date_____ CVV _____

SIGNATURE: _____